### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

		TO ALLA	attionized C	,0,,,,,,				Office Use Only	
1.	NAME OF COMMITTEE (in full)	USE FEC MAILI OR TYPE OR P		Exa	mple:If typing, t er the lines	уре			
LBi	Ill Shuster for Congress					<u>                                     </u>			
		IPO Box 27							1
ADI	DRESS (number and street)								
	Check if different than previously reported. (ACC)	Hollidaysbu	g <sub>     </sub>				LPA	16648	
2.	FEC IDENTIFICATION NU	JMBER ₩	CIT	Y 🙇			STATEA	ZIP CO	DE ▲ TE ▼ DISTRICT
	C00364935		3. IS TH REPO		NEW (N)	OR	X AMEN (A)		9   9
4.	TYPE OF REPORT  (a) Quarterly Reports:  April 15 Quarterly	(Choose One)  v Report (Q1)	(b) 12-Da	y PRE	-Election Repor Primary (12P) Convention (1		General (		Runoff (12R)
	July 15 Quarterly October 15 Quar		Election	on on			• • •	in the State	
	January 31 Year-	End Report (YE)	(c) 30-Da	y POS	<b>T</b> -Election Repo	_	Runoff (3	30R)	Special (30S)
	Termination Repo	ort (TER)	Election	on on	11	0 7	2006	in the State	IPΔ
5.	Covering Period 1	0 19	2006		through	1 1	27	2006	
	rtify that I have examined this		best of my kno	_	and belief it is	true, correct	and complete.		
Sigi	nature of Treasurer Elect	ronically Filed by	Frederick A	Ciocc	a	[	Date 0 1	30	2007
NO	TE : Submission of false, en	roneous, or incompl	ete informatior	may s	ubject the perso	on signing th	is Report to the	e penalties of 2 U.S	S.C 437g.
	Office Use Only							FEC FOI (Revised 02	

### **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Bill Shuster for Congress 2 7 19 2006 1 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 36855.00 855437.77 (other than loans) (from Line 11(e))..... (b) Total Contribution Refunds .00 900.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 36855.00 854537.77 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 142371.94 722481.76 (from Line 17)..... (b) Total Offsets to Operating 1088.04 4812.30 Expenditures (from Line 14)..... (c) Net Operating Expenditures 141283.90 717669.46 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 45320.59 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 170.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 7500.00 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name Bill Shuster for Congress D 27 1.0 19 2006 1.1 2006 Report Covering the Period: To: From: I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Total for Election Cycle Total as of** 11. CONTRIBUTIONS 2006 0 7 2006 0.8 1,1 11 (other than loans) FROM: (a) Individuals/Persons Other than (date of general election) **Political Committees** (date after general election) Itemized (Use Schedule A) through 11800.00 2006 11 27 (ii) Unitemized (last day of reporting period) 1380.00 (iii) Total of contributions from individuals 13180.00 397640.65 .00 (b) Political Party Committees .00 .00 .00 (c) Other Political Committees 23675.00 457797.12 2000.00

FEC Form 3 (Revised 02/2003)

# POST-ELECTION DETAILED SUMMARY PAGE Report of Receipts and Disbursements

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Page 6

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period)
	(d) The Candidate		
	.00	.00	.00
	(e) TOTAL CONTRIBUTIONS (other than loan	ns) (add Lines 11(a)(iii), (b), (c) and (d))	
	36855.00	855437.77	2000.00
12.	TRANSFERS FROM OTHER AUTHORIZED C	OMMITTEES	
	.00	.00	.00
13.	LOANS: (a) Made or Guaranteed by the Candidate		
	.00	.00	.00
	(b). All Other Loans		
	.00	440000.00	.00
	(c). TOTAL LOANS (add Lines 13(a) and (b))		
	.00	440000.00	.00
14.	OFFSETS TO OPERATING EXPENDITURES	(refunds, rebates, etc)	
	1088.04	4812.30	1088.04
15.	OTHER RECEIPTS (Dividends, Interest, etc)		
	.00	.00	.00
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 an	d 15)	
	37943.04	1300250.07	3088.04

## POST ELECTION DETAILED SUMMARY PAGE

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FEC Form 3 (Revised 02/2003) Report of Receipts and Disbursements Page 7 Write or Type Committe Name Bill Shuster for Congress 2006 2 7 2 0 0 6 Report the covering period From: To: II. DISBURSEMENTS **COLUMN A COLUMN B COLUMN C** Election Cycle Total as of \* Total for \* Total this period (date after general election) (date of general election) (\* See page 5 for date) Through \* (last day of reporting period) (\* See page 5 for date) 17. OPERATING EXPENDITURES 142371.94 722481.76 46005.86 18. TRANSFER TO OTHER AUTHORIZED COMMITTIES .00 .00 .00 19. LOAN PAYMENTS (a) Of Loans Made or Guaranteed by the Candidate 2000.00 .00 .00 (b) Of All Other Loans 450000.00 .00 .00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 452000.00 .00 .00 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees 900.00 .00 .00 (b) Political Party Committees .00 .00 .00

## POST ELECTION DETAILED SUMMARY PAGE

6 / 75 FEC Form 3 (Revised 02/2003) Report of Receipts and Disbursements Page 8

COLUMN A Total this period		COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)	
	(c) Other political committees (such as PACs)		•	,	
	.00	.00		.00	
	(d) TOTAL CONTRIBUTION REFUNDS (See Line	s 20(a), (b) and (c) )			
	.00	900.00		.00	
21.	OTHER DISBURSEMENTS				
	13912.90	95072.86		3645.00	
22.	TOTAL DISBURSEMENTS (add lines 17, 18, 19(d	s), 20(d), and 21)			
	156284.84	1270454.62		49650.86	
	III. NET CONTRIBUTIONS (OTHER THAN LO  (Note: Substitute in lieu of Line #6 of Su	ANS) mmary Page for this report only; subtract line 20(d) f	rom Line 11(e))		
	36855.00	854537.77		2000.00	
	30833.00	034337.77		2000.00	
	IV. NET OPERATING EXPENDITURES				
	(Note: Substitute in lieu of Line #7 of Su	mmary Page for this report only; subtract line 14 fron	n Line 17)		
	141283.90	717669.46		44917.82	
	V. CASH SUMMA	ARY			
23.	CASH ON HAND AT BEGINING OF REPORTING	PERIOD		163662.39	
24.	TOTAL RECEIPTS AT THIS PERIOD (from Line	16)		37943.04	
25.	SUBTOTAL(add Line 23 and Line 24)			201605.43	
26.	TOTAL DISBURSEMENTS AT THIS PERIOD (fro	m Line 22)		156284.84	
27	CASH ON HAND AT CLOSE OF REPORTING RE			45320.59	

SCHEDULE A (FEC Form 3			Llas separata ashadula(s)	FOR LINE NUMBER: PAGE 7 / 75	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
•••	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 11d	
_				12 13a 13b 14 15	
Ar or	ny information copied from such Reports and story commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	Bill Shuster for Congress				
A.				Date of Receipt	
	Mailing Address PO Box 829			10 19 2006	
	City	State	Zip Code	Transaction ID: SA11Ai-CN5198	
	Weldon	NC	27890	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Coastal Lumber Company	Occupation President		Limit Increased Due to Opponent's	
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General	1 1	1000.00	7	
	Other (specify) ▼	0 0	1000.00		
В.	Full Name (Last, First, Middle Initial) James F Bittner			Date of Receipt	
	Mailing Address 5042 Riverview Road			10 19 2006	
	City	State	Zip Code	Transaction ID: SA11Ai-CN5191	
	Everett	PA	15537	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Snyder's Gateway	Occupation Manager	1	Limit Increased Due to Opponent's	
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General	-	1500.00	1	
	Other (specify) ▼		1500.00		
c.	Full Name (Last, First, Middle Initial) John R Bittner			Date of Receipt	
	Mailing Address 470 Forbes Road			10 19 2006	
	City	State	Zip Code	Transaction ID: SA11Ai-CN5190	
	Bedford	PA	15522	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Breezewood Enterprises	Occupation Manager	١	Limit Increased Due to Opponent's	
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General Other (specify) ▼		1500.00		
S	UBTOTAL of Receipts This Page (optional) .			2000.00	
	OTAL This Period (last page this line number				

S	CHEDULE A (FEC Form 3	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 75
	EMIZED RECEIPTS	<b>'</b>	or each category of the	(check only one)
•••	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
_				12 13a 13b 14 15
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	Statements may he name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	Bill Shuster for Congress			
A.	Full Name (Last, First, Middle Initial) Glenn Brandimarte			Date of Receipt
	Mailing Address 11 Linden Street		= 0	11 01 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN5287
	Hollidaysburg	PA	16648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer ORX Corporation	Occupation Executive		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		0500.00	1
	Other (specify) ▼	0 0	2500.00	
В.	Full Name (Last, First, Middle Initial) Lucille M Dennis			Date of Receipt
	Mailing Address 807 Flat Rock Road			10 20 7 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN5255
	Markleysburg	PA	15459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dennis Lumber Company Inc	Occupation Bookkeep		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	1	250.00	7
	Other (specify) ▼	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Edith M Fischer			Date of Receipt
	Mailing Address 194 Locust Street			11 07 7 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN5296
	Alum Bank	<u>PA</u>	15521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	١	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	400.00	
s	UBTOTAL of Receipts This Page (optional)	1		1750.00
	OTAL This Period (last page this line numb			

SCHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 75
TEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X   11a     11b     11c     11d     12     13a     13b     14     15
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Bill Shuster for Congress			
/ Dill Office for Congress			
Full Name (Last, First, Middle Initial)  A. Richard E Hall			Date of Receipt
Mailing Address 13 Beverly Blvd			M M / D D / Y Y Y Y
			11 07 2006
City	State	Zip Code	Transaction ID: SA11Ai-CN5293
Altoona	PA	16601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer The Barash Group	Occupation		T
· · · · · · · · · · · · · · · · · · ·	President		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼	1
Other (specify) ▼	0 0	750.00	
Full Name (Last, First, Middle Initial)  3. Richard L Karcher			Date of Receipt
Mailing Address 124 Stonehedge Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Ai-CN5281
<u>Hollidaysburg</u>	PA	16648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Burt Hill	Occupation		7
		/Project Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 Primary X General	Election	Cycle-to-Date ▼	1
Other (specify) ▼		650.00	
Full Name (Last, First, Middle Initial)  C. Robert S Marcus			Date of Receipt
Mailing Address 57 South Sixth Street			M " M   / D " D   / Y " Y " Y " Y
City	State	Zip Code	1 0 2 6 2 0 0 6  Transaction ID: SA11Ai-CN5278
Indiana	PA	2ip Code 15701	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		50.00
Name of Employer Marcus & Mack	Occupation	n	7
	Attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼	oponamy (2 o.o.o. rrra(t)/ rrra r)
Other (specify)		300.00	
SUBTOTAL of Receipts This Page (optional)			800.00
COLUMN TITO CONTROL TITO T AGO (OPTIONAL)		······	
TOTAL This Period (last page this line number of	nly)	<b>)</b>	

SCHEDULE A (FEC Form 3			Llas congreto cohodulo(a)	FOR LINE NUMBER: PAGE 10 / 75
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and Strong for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Bill Shuster for Congress			
A.	Full Name (Last, First, Middle Initial) James C Miller			Date of Receipt
	Mailing Address 207 Concord Street			10 26 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN5276
	Indiana	PA	15701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer S&T Bank	Occupation	า	
	S&I Bank	Banker		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 44 ra(1)/44 ra-1)
	Primary X General		600.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Dilworth Paxson LLP			Data of Descript
Ь.	Mailing Address 112 Market St Eighth	Floor		Date of Receipt
	Mailing Address 112 Market St Eighti	FIOOI		10 19 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN5192
	Harrisburg	PA	17101	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	 1	100% from Victor Stabile
	None	None		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		050.00	1
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Victor P Stabile			Date of Receipt
	Mailing Address 255 Old Stone House	Road		M M / D D / Y Y Y Y
				10 19 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN5193
	Carlisle	PA	17013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dilworth Parson LLP	Occupation	1	Partnership contribution- Victor
	Dilworth Parson LLP	Attorney		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		250.00	\$250.00 MEMO Partnership
	Other (specify)		250.00	Attributed
Г		1		050.00
S	UBTOTAL of Receipts This Page (optional)			350.00
Т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 75			
	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page	X   11a   11b   11c   11d   12   13a   13b   14   1	15		
Ar	y information copied from such Reports and for commercial purposes, other than using the	Statements may	not be sold or used by any person	on for the purpose of soliciting contributions			
<u>Ş.</u>	NAME OF COMMITTEE (In Full)	o namo ana aac	political committee to	Control Control Control Control Control	_		
$\rangle$	Bill Shuster for Congress						
_	Full Name (Last, First, Middle Initial)			Data of Daggint			
Α.	Lawruk Properties Partnership  Mailing Address 210 Plank Rd W			Date of Receipt			
				10 23 2006			
	City	State	Zip Code	Transaction ID: SA11Ai-CN5256			
	Altoona	PA	16602	Amount of Each Receipt this Period	-		
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer None	Occupation	n	100% from Dan Lawruk			
		None		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2006 Primary X General	Election C	cycle-to-Date ▼				
	Other (specify) ▼	0 0	1000.00				
— В.	Full Name (Last, First, Middle Initial) Daniel R Lawruk			Date of Receipt			
	Mailing Address 41 Majestic Circle			10 23 7 2006			
	City	State	Zip Code	Transaction ID: SA11Ai-CN5257			
	Hollidaysburg	PA	16648	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Lawruk Builders Inc.	Occupation		Partnership contribution- Daniel			
			tion Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2006 Primary X General	Election C	cycle-to-Date ▼	[MEMO ITEM] \$1000.00 MEMO Partnership			
	Other (specify) ▼		2250.00	Attributed			
<u> </u>	Full Name (Last, First, Middle Initial) P Jules Patt	•		Date of Receipt			
	Mailing Address 422 Allegheny Street			10 23 7 2006			
	City	State	Zip Code	Transaction ID: SA11Ai-CN5253			
	Hollidaysburg	PA	16648	Amount of Each Receipt this Period	_		
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Self	Occupation Real Esta	n ate Developer	Limit Increased Due to Opponent's			
	Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General	1 1	2100.00	1			
	Other (specify)	0 0	2100.00				
s	UBTOTAL of Receipts This Page (optional) .			2000.00			
Т	TOTAL This Period (last page this line number only)						

SCH	IEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/75
ITEMIZED RECEIPTS		or each category of the		(check only one)
· · <b>-</b> ·	melb iilolii io		Detailed Summary Page	X   11a   11b   11c   11d   15   12   13a   13b   14   15
Any in	nformation copied from such Reports and S	tatements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
	commercial purposes, other than using the	name and add	aress or any political committee to	solicit contributions from such committee.
`	AME OF COMMITTEE (In Full) II Shuster for Congress			
_	II Name (Last, First, Middle Initial) therine M Pippy			Date of Receipt
Ma	ailing Address 7018 Weeping Willow	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	ty	State	Zip Code	Transaction ID: SA11Ai-CN5196
M	oon Township	PA	15108	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		200.00
Na Bu	ame of Employer uchanan Ingersoll PC	Occupation Asst Dire	n ector - Government Relations	Limit Increased Due to Opponent's
Re	eceipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	450.00	
_	ll Name (Last, First, Middle Initial) . Sohael M Raschid			Date of Receipt
Ma	ailing Address 773 Rosewood Ct			10 25 2006
Cit	•	State	Zip Code	Transaction ID: SA11Ai-CN5261
<u>Cl</u>	hambersburg	<u>PA</u>	17201	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		100.00
Na W als	ame of Employer omen's Health Profession- s	Occupation OB/GYN	n Physician	Limit Increased Due to Opponent's
	eceipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	2100.00	
	II Name (Last, First, Middle Initial) bbin Reschini			Date of Receipt
Ma	ailing Address 690 School Street			1 1 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	•	State	Zip Code	Transaction ID: SA11Ai-CN5286
	diana	PA	15701	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		2100.00
	ame of Employer eschini Insurance Agency	Occupation Vice Pres		Limit Increased Due to Opponent's
<u>Ind</u> Re	cecipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	4200.00	
SUB	TOTAL of Receipts This Page (optional)			2400.00
TOT	AL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 75				
	•	or each category of the	(check only one)				
11	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 11d				
_		, 0	12 13a 13b 14 15				
Ar	y information copied from such Reports and Statements	may not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)						
$  \rangle$	Bill Shuster for Congress						
$\mathbb{Z}$							
_	Full Name (Last, First, Middle Initial)						
Α.	Dennis M Stidinger		Date of Receipt				
	Mailing Address 414 Old Farm Lane		M M / D D / Y Y Y Y				
			10 23 2006				
	City State	Zip Code	Transaction ID: SA11Ai-CN5250				
	<u>Johnstown</u> PA	15904	Amount of Each Receipt this Period				
	FEC ID number of contributing		500.00				
	federal political committee.		300.00				
	Name of Freedom	d'ann	_				
	Name of Employer The EADS Group  Propid		Limit Ingressed Due to Opponentia				
	riesiu	ent/Engineer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
		n Cycle-to-Date ▼					
	Primary X General	550.00					
	Other (specify)						
R	Full Name (Last, First, Middle Initial) Phyllis Thaler		Date of Receipt				
υ.	Mailing Address 132 Twin Oaks Ln		<b>─</b>				
	Mailing Address 132 TWITI Oaks LIT		10 25 2006				
	City State	Zip Code	Transaction ID: SA11Ai-CN5260				
	•	•					
		16648	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee		1250.00				
	federal political committee.						
	Name of Employer Gilcom Associates	ation					
	Cilcom Accociótec	Consultant	Limit Increased Due to Opponent's				
	· · · · · · · · · · · · · · · · · · ·	n Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)				
	Primary X General		1				
	Other (specify)	2500.00					
_	Full Name (Last, First, Middle Initial)						
C.	Michael E Ward		Date of Receipt				
	Mailing Address Box 35 Frankstown Road		M M / D D / Y Y Y Y				
			10 23 2006				
	City State	Zip Code	Transaction ID: SA11Ai-CN5251				
	<u>Hollidaysburg</u> PA	16648	Amount of Each Receipt this Period				
	FEC ID number of contributing		750.00				
	federal political committee.		750.00				
	· · · · · · · · · · · · · · · · · · ·						
	Name of Employer Occupa Ward Trucking						
	Manag		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
		n Cycle-to-Date ▼					
	Primary X General	850.00					
	Other (specify) ▼						
_							
			2500.00				
S	UBTOTAL of Receipts This Page (optional)	······	2300.00				
1			11800.00				

SCHEDULE A (FEC Form 3)		١		FOR LINE NUMBER: PAGE 14 / 75		
,		,	Use separate schedule(s) or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d		
				12 13a 13b 14 15		
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
/	Bill Shuster for Congress					
Α.	Full Name (Last, First, Middle Initial) CAEA/PACE			Date of Receipt		
	Mailing Address 210 Clair St			11 07 7 2006		
	City	State	Zip Code	Transaction ID: SA11C-CN5292		
	Connellsville	PA	15425	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's		
	Receipt For: 2006	Flection C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	Primary X General	2.000.017		7		
	Other (specify) ▼		150.00			
В.	Full Name (Last, First, Middle Initial) Friends of Dave Reed	•		Date of Receipt		
	Mailing Address PO Box 1440			10 25 2006		
	City	State	Zip Code	Transaction ID: SA11C-CN5267		
	Indiana	PA	15701	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		75.00		
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's		
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	Primary X General	-		7		
	Other (specify) ▼		75.00			
C.	Full Name (Last, First, Middle Initial) Goals For Americans Foundation			Date of Receipt		
	Mailing Address 11100 Linpage PI			10 26 2006		
	City	State	Zip Code	Transaction ID: SA11C-CN5277		
	Saint Louis	MO	63132	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer	Name of Employer Occupation				
	Receipt For: 2006	Election C	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Primary X General		· · · · · · · · · · · · · · · · · · ·			
	Other (specify) ▼		50.00			
s	UBTOTAL of Receipts This Page (optional)			175.00		
	OTAL This Period (last page this line number		·			
•	VIAL THIS FERIOU (last page this line number	-ı ∪ıııy <i>)</i>				

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	1	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 75 (check only one)  11a  11b
Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Full Name (Last, First, Middle Initial) American Council of Engineering Mailing Address 1015 15th Street NW  City Washington FEC ID number of contributing federal political committee.  Name of Employer none	State DC	Zip Code 20005 0010868	Date of Receipt  M M M 23 2006  Transaction ID: SA11C-CN5249  Amount of Each Receipt this Period  1000.00  Limit Increased Due to Opponent's
Receipt For: 2006 Primary X General Other (specify) ▼	Election C	Cycle-to-Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) American Hospital Association Mailing Address 325 Seventh Street N  City Washington  FEC ID number of contributing federal political committee.  Name of Employer none  Receipt For: 2006 Primary X General Other (specify)	State DC C C0 Occupation	Zip Code 20004 0106146 n Cycle-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  ARCADIS G & M  Mailing Address 630 Plaza Dr Suite 20  City  Highlands Ranch  FEC ID number of contributing federal political committee.  Name of Employer None  Receipt For: 2006  Primary X General  Other (specify)	State CO C CO Occupatio None	Zip Code 80129 0388983 n Cycle-to-Date ▼	Date of Receipt  M M M J D D J 2006  Transaction ID: SA11C-CN5199  Amount of Each Receipt this Period  2000.00  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	4000.00
TOTAL This Period (last page this line number	er only)		

S	CHEDULE A (FEC Form 3	)	Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 16 / 75
	EMIZED RECEIPTS	<b>'</b>	Use separate schedule(s) or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EIVIIZED RECEIP I 3		Detailed Summary Page	11a 11b X 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may he name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Bill Shuster for Congress			
A.	Full Name (Last, First, Middle Initial) Associated Builders & Contractors			Date of Receipt
	Mailing Address 4250 North Fairfax D Ninth Floor			10 26 2006
	City	State	Zip Code	Transaction ID: SA11C-CN5271
	Arlington	VA	22203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0010421	2500.00
	Name of Employer none	Occupation	1	Listin Laurent Production Consequent
	Receipt For: 2006	none	vale to Date.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General	Election C	ycle-to-Date ▼	
	Other (specify) ▼	0 0	7500.00	
В.	Full Name (Last, First, Middle Initial) ConocoPhillips Spirit	1		Date of Receipt
	Mailing Address 1400B Plaza Office E	Building		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11C-CN5291
	Bartlesville	OK	74004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0112896	1000.00
	Name of Employer	Occupation	1	
	none	none		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 44 ra(1)/44 ra-1)
	Primary X General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Consol Energy Inc			Date of Receipt
	Mailing Address 1800 Washington Ro	d		10 19 2006
	City	State	Zip Code	Transaction ID: SA11C-CN5197
	Pittsburgh	PA	15241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0279331	500.00
	Name of Employer	Occupation	1	$\dashv$
	None	None		Limit Increased Due to Opponent's
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	ycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			4000.00
_	OTAL This Period (last page this line number	er only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 75 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15			
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress						
۹.	Full Name (Last, First, Middle Initial) Dairy Educational Mailing Address 10220 N Ambassador	Drive		Date of Receipt  1 1 0 7 2 0 0 6			
	PO Box 909700 City	State	Zip Code	Transaction ID: SA11C-CN5294			
	Kansas City	MO	64190	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0001388	1000.00			
	Name of Employer none  Receipt For: 2006  Primary X General  Other (specify) ▼	Occupation none  Election C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
3.	Full Name (Last, First, Middle Initial) Dominion  Mailing Address One James River Plaz	za		Date of Receipt			
	PO Box 26666 City	State	Zip Code	1 0 1 9 2 0 0 6 Transaction ID: SA11C-CN5203			
	Richmond	VA	23261	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0108209	1000.00			
	Name of Employer none	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 2000.00				
<b>-</b> C.	Full Name (Last, First, Middle Initial) Exelon Corporation			Date of Receipt			
	Mailing Address PO Box 805379		7:01	10 23 2006			
	City Chicago	State II	Zip Code 60680	Transaction ID: SA11C-CN5254  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0141218	1500.00			
	Name of Employer none	Occupation none	n	Limit Increased Due to Opponent's			
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	Sycle-to-Date ▼ 5500.00	Spending (2 U.S.C. 441a(i)/441a-1)			
S	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number	only)					

S	CHEDULE A (FEC Form 3)		Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 18 / 75
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	statements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	Bill Shuster for Congress			
A.	Full Name (Last, First, Middle Initial) Hardwood Federation			Date of Receipt
	Mailing Address 1111 Nineteenth Stree Suite 800			111 27 2006
	City	State	Zip Code	Transaction ID: SA11C-CN5297
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0396671	2000.00
	Name of Employer none	Occupation	1	Limit Insuranced Dura to Operationally
	Receipt For: 2008	none	trale to Date.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Election	ycle-to-Date ▼	
	Other (specify) ▼		4000.00	
— В.	Full Name (Last, First, Middle Initial) Klett Rooney Lieber Schorling	<b>.</b>		Date of Receipt
٥.	Mailing Address 1 Oxford Centre 40th F	Floor		M M / D D / Y Y Y Y
	Maining real see 1 Oxford Gentre 40th 1	1001		10 23 2006
	City	State	Zip Code	Transaction ID: SA11C-CN5252
	Pittsburgh	PA	15219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0366377	1000.00
	Name of Employer	Occupation	1	
	none	none		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		2250.00	]
<u> </u>	Full Name (Last, First, Middle Initial) MeadWestvaco			Date of Receipt
٠.	Mailing Address One High Ridge Park			M M / D D / Y Y Y Y Y 1 1 0 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11C-CN5201
	Stamford	CT	06905	Amount of Each Receipt this Period
		01	00000	Amount of Each Necept this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0065987	1000.00
	Name of Employer none	Occupation	1	
		none		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	ycle-to-Date ▼ 2000.00	Speciality (2 S.S.S. 447a(I))447a 1)
s	UBTOTAL of Receipts This Page (optional)	1		4000.00
	OTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 75 (check only one)  11a
An	by information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Michael Baker Corporation  Mailing Address 100 Airside Drive			Date of Receipt    M
	City	State	Zip Code	Transaction ID: SA11C-CN5289
	Moon Township	PA	15108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0403477	1000.00
	Name of Employer none	Occupation none		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	ycle-to-Date ▼ 3000.00	
В.	Full Name (Last, First, Middle Initial) National Community Pharmacists Assoc			Date of Receipt
	Mailing Address 100 Daingerfield Rd			11 1 07 7 2006
	City	State	Zip Code	Transaction ID: SA11C-CN5295
	Alexandria  FEC ID number of contributing federal political committee.	C COO	22314 0030809	Amount of Each Receipt this Period
	Name of Employer None	Occupation None		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	]
C.	Full Name (Last, First, Middle Initial) National Utility Contractors			Date of Receipt
	Mailing Address 4301 N Fairfax Drive Suite 360			10 25 2006
	City Arlington	State VA	Zip Code 22203	Transaction ID: SA11C-CN5270
	FEC ID number of contributing federal political committee.		0004101	Amount of Each Receipt this Period  2000.00
	Name of Employer none	Occupation none	١	Limit Increased Due to Opponent's
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	ycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			4000.00
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 75			
ITEMIZED RECEIPTS	•	or each category of the	(check only one)			
		Detailed Summary Page	11a 11b X 11c 11d 11d 12 13a 13b 14 15			
Any information copied from such Reports ar	d Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using	the name and add	dress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Bill Shuster for Congress			_			
Full Name (Last, First, Middle Initial) PPG Industries Inc			Date of Receipt			
Mailing Address One PPG PI 7 West			10 19 2006			
City	State	Zip Code	Transaction ID: SA11C-CN5194			
Pittsburgh	PA	15272	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	<b>C</b> C00	0034298	2000.00			
Name of Employer none	Occupation	n	Limit Increased Due to Opponent's			
Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
Primary X General		· · · · · · · · · · · · · · · · · · ·	1			
Other (specify) ▼		2000.00				
Full Name (Last, First, Middle Initial)  3. Sun	•		Date of Receipt			
Mailing Address 1101 Pennsylvania Suite 510	Ave NW		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11C-CN5202			
Washington	DC	20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	<b>C</b> C00	0025346	1000.00			
Name of Employer none	Occupation	n	7			
	none		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006 Primary X General	Election C	cycle-to-Date ▼				
Other (specify) ▼		2000.00				
Full Name (Last, First, Middle Initial)  C. Taxicab Limousine & Paratransit	<u> </u>		Date of Receipt			
Mailing Address 3849 Farragut Aver	nue		M M / D D / Y Y Y Y			
			10 19 2006			
City	State	Zip Code	Transaction ID: SA11C-CN5200			
Kensington	MD	20895	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	<b>C</b> C00	0132480	1000.00			
Name of Employer none	Occupation	n				
	none	Sunda ta Data	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006 Primary X General	Election C	cycle-to-Date ▼	J 3 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other (specify)		2000.00				
SUBTOTAL of Receipts This Page (optional)						
CODITOTAL OF HECEIPES THIS Fage (optional	1/					
TOTAL This Period (last page this line num	her only)	_	23675.00			

# SCHEDULE A (FEC Form 3 )

FOR LINE NUMBER: PAGE 21 / 75 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) North American Communications Inc. Date of Receipt Mailing Address PO Box 39 15 2006 City Zip Code State Transaction ID: SA14-ER75 **Duncansville** PA 16635 Amount of Each Receipt this Period FEC ID number of contributing C 1088.04 federal political committee. Expenditure Refund Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date Primary X General 1088.04 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1088.04
TOTAL This Period (last page this line number only)	<b>•</b>	1088.04

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SCHEDULE B (FEC Form 3 )  Use seperate schedule(s)					-	NUMBER:	PAGE	22 / 75		
ITEMIZED DISBURSEMENTS			rs	for each	category of the (		(check onl	<u> </u>	40- 🖂	1.40
				Detailed :	Summary Page		}	X 17 18 20a 20b	19a	19b 21
								for the purpose of solica plicit contributions from s	ting contri	butions
abla	NAME OF COMM	IITTEE (In Full)								
	Bill Shuster for	Congress								
	Full Name (Last, F	rirst, Middle Initial)						Transaction ID: SB	17-FX45	539
Α.	US Postal Servi	ice						Date of Disbursemer	nt	
	Mailing Address	525 Allegheny S	Street					10 / 25	<sup>'</sup> 2	0 0 6
	City Hollidaysburg			tate PA	Zip Code 16648			Amount of Each Disl	oursemen	t this Period
	Purpose of Disburs	sement	<u>'</u>		10040					39.00
	Postage						001	Refund or Dispos	al of Exc	ess
	Candidate Name					С	ategory/ Type	Contributions Re		der
	Office Sought:	House	Disbursem		2006			Administrative/Sal	arv/Ove	-
		Senate President		Primary Other (spe	X General			rhead Expenses	•	
	State:	District:		otrici (ope	,ony) <b>▼</b>					
	Full Name (Last, F							Transaction ID: SB	17-FX45	 579
B.	Public Opinion I	Newspaper						Date of Disbursemen	_	,,,
	Mailing Address	PO Box 499						111 / 27	<sup>'</sup> 2	0 0 6
	City			tate	Zip Code			Amount of Each Disl	oursemen	t this Period
	Chambersburg		P	PA	17201					725.07
	Purpose of Disburs Print Ads	sement					004	Refund or Dispos		
	Candidate Name					С	ategory/ Type	Contributions Re	quired Un	
	Office Sought:	House	Disbursem	ent For:	2006			Advertising Expen	202	
		Senate		Primary	X General			7 tavortioning Export	500	
	State:	President District:		Other (spe	ecity) 🔻					
	Full Name (Last, F							Transaction ID: SB	17 EV4/	100
C.								Date of Disbursemen		133
	Mailing Address 9 Overlook Drive						11 08	Y 2	006	
	City Hollidaysburg			tate PA	Zip Code 16648			Amount of Each Disl	oursemen	t this Period
	Purpose of Disburs									149.60
	Vehicle Expenses					L	001	Refund or Dispos		
	Candidate Name						ategory/ Type	Contributions Re		aer
	Office Sought:	House	Disbursem		2006			Administrative/Sal	arv/Ove	-
		Senate		Primary	X General			rhead Expenses	<i>,,</i> 0.0	
	State:	President District:		Other (spe	ecity) 🔻					
	Ciaio.	2.001100								
ا	LIRTOTAL of Diebu	urcoments This Page	(ontional)						1	913.67

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S	CHEDULE B (FEC Form 3)	Use sepe	erate schedule(s)	-	NUMBER: PAGE 23 / 75
IT	EMIZED DISBURSEMENTS		category of the (	(check onl	y one)
		Detailed :	Summary Page		7 17 18 19a 19b 19b 20c 121
	y Information copied from such Reports and State for commercial purposes, other than using the nan				
$\setminus$	NAME OF COMMITTEE (In Full)				
17	Bill Shuster for Congress				
$\mathbb{Z}$					
A.	Full Name (Last, First, Middle Initial) William Shuster				Transaction ID: SB17-EX4527 Date of Disbursement
	Mailing Address 9 Overlook Drive				1 1 M
	City Hollidaysburg	State PA	Zip Code 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement	17	10040		620.24
	Fundraising			003	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For:	2006		Solitication and Fundrais-
	Senate	Primary	X General		ing Expenses
	President State: District:	Other (spe	сіту) 🔻		
_	Full Name (Last, First, Middle Initial)				T
В.	William Shuster				Transaction ID: SB17-EX4528 Date of Disbursement
	Mailing Address 9 Overlook Drive				111 21 7 2006
	City	State	Zip Code		Amount of Each Disbursement this Period
	Hollidaysburg	PA	16648		65.88
	Purpose of Disbursement Vehicle Expenses			001	
	Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs	ement For:	2006	Type	
	Senate	Primary	X General		Administrative/Salary/Ove- rhead Expenses
	President	Other (spe	cify)		Thead Expenses
	State: District:				
C.	Full Name (Last, First, Middle Initial) William Shuster				Transaction ID: SB17-EX4530 Date of Disbursement
	Mailing Address 9 Overlook Drive				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	0::	0	7' 0		
	City Hollidaysburg	State PA	Zip Code 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement Taxi/Car/Bus Expense			002	18.00  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs	ement For:	2006	71: -	Travel Evenness
	Senate	Primary	X General		Travel Expenses
	President	Other (spe	ecify)		
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional)				704.12

C		<b>\</b>				
	CHEDULE B (FEC Form 3	· 1		erate schedule(s)	FOR LIN (check or	IE NUMBER: PAGE 24 / 75
IT	EMIZED DISBURSEMENT	S		category of the Summary Page	(Onlock of	X   17
	y Information copied from such Reports a for commercial purposes, other than using					n for the purpose of solicating contributions solicit contributions from such committee
$\setminus$	NAME OF COMMITTEE (In Full)					
/	Bill Shuster for Congress					
Α.	Full Name (Last, First, Middle Initial) Circuit City Stores Inc					Transaction ID: SB17-EX4577 Date of Disbursement
	Mailing Address 141 Sierra Drive					111 D 27 Y 2006Y
	City Altoona		State PA	Zip Code 16601		Amount of Each Disbursement this Period
	Purpose of Disbursement					2385.96
	Office Expenses  Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	2006 X General cify) ▼		Administrative/Salary/Ove- rhead Expenses
	State: District:					
В.	Full Name (Last, First, Middle Initial) Ciocca Benton & Company P.C.					Transaction ID: SB17-EX4460 Date of Disbursement
	Mailing Address 912 Pleasant Va	10 M / D D / Y 20 0 6 Y				
	City Altoona		State PA	Zip Code 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Professional Services				001	3000.00  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	2006 X General cify) ▼		Administrative/Salary/Ove- rhead Expenses
	State: District:		` '	<i>37</i> , <b>4</b>		
C.	Full Name (Last, First, Middle Initial) Verizon					Transaction ID: SB17-EX4459 Date of Disbursement
	Mailing Address PO Box 646					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Baltimore		State MD	Zip Code 21265		Amount of Each Disbursement this Period
	Purpose of Disbursement				1	151.21
	Telephone Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	2006 X General cify) ▼		Administrative/Salary/Ove- rhead Expenses
	State: District:					
   s	UBTOTAL of Disbursements This Page	(optional)				5537.17

g.				
	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	
••	LIMIZED DIODOTISEMENTS	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Verizon			Transaction ID: SB17-EX4509 Date of Disbursement
	Mailing Address PO Box 646			1 <sup>M</sup> 1 M / D O O D / Y 2 O O O O
	City Baltimore	State Zip Code MD 21265		Amount of Each Disbursement this Period
	Purpose of Disbursement			262.31
	Telephone Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: 2006 Primary X General Other (specify)		Administrative/Salary/Ove- rhead Expenses
	State: District:			
В.	Full Name (Last, First, Middle Initial) Sunoco			<b>Transaction ID:</b> SB17-EX4575  Date of Disbursement
	Mailing Address 1700 Seventh Avenue	1 1 1 D D D Y 2 0 0 6 Y		
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Vehicle Expenses	001	23.17  Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: 2006 Primary X General Other (specify) ▼		Administrative/Salary/Ove- rhead Expenses
	State: District: Full Name (Last, First, Middle Initial)			
C.	Sunoco			Transaction ID: SB17-EX4588  Date of Disbursement
	Mailing Address 1700 Seventh Avenue			1 1 1 D 2 7 Y 2 0 0 6 Y
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Vehicle Expenses	001	12.49  Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: 2006 Primary X General Other (specify)		Administrative/Salary/Ove- rhead Expenses
	State: District:			
s	UBTOTAL of Disbursements This Page (optional)			297.97

9	CHEDULE B (FEC Form 3)		1		
	· ·	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 26 / 75	
П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I ` —	X 17	
	y Information copied from such Reports and State for commercial purposes, other than using the name				
$\setminus$	NAME OF COMMITTEE (In Full)				
V	Bill Shuster for Congress				
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4514	
A.	Sheetz Inc			Date of Disbursement	
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & G \end{bmatrix}$	
	City	State Zip Code		Amount of Each Disbursement this Period	
	Altoona	PA 16602		44.00	
	Purpose of Disbursement Vehicle Expenses		001		
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under	
			Туре	11 C.F.R. 400.53	
	v	ement For: 2006		Administrative/Salary/Ove-	
	Senate President	Primary X General		rhead Expenses	
	State: District:	Other (specify) ▼			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4515	
В.	Sheetz Inc			Date of Disbursement	
	McTan Address	10 25 2006			
	Mailing Address 5700 Sixth Avenue			23 2000	
	City	State Zip Code PA 16602		Amount of Each Disbursement this Period	
	Altoona Purpose of Disbursement		39.25		
	Vehicle Expenses	001	Refund or Disposal of Excess		
	Candidate Name	Category/	Contributions Required Under 11 C.F.R. 400.53		
			Туре	11 C.F.N. 400.55	
	Office Sought: House Disburs Senate	ement For: 2006 Primary X General		Administrative/Salary/Ove-	
	President	Other (specify)		rhead Expenses	
	State: District:	_ (			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4516	
C.	Sheetz Inc			Date of Disbursement	
	Mailing Address 5700 Sixth Avenue	$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & 2 & D \\ 2 & D \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & G \end{bmatrix}$			
	City	State Zip Code		Amount of Each Disbursement this Period	
	City Altoona	PA 16602		Amount of Each disbursement this Period	
	Purpose of Disbursement	36.60			
	Vehicle Expenses	001	Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
		ement For: 2006		Administrative/Salary/Ove-	
	Senate	Primary X General		rhead Expenses	
	State: President State:	Other (specify)			
Г	State. Biotilot.				
s	UBTOTAL of Disbursements This Page (optional)		<u>►</u>	119.85	

<b>C</b> 4				
	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 27 / 75
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_   `	X 17
_		, ,		20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\setminus$	NAME OF COMMITTEE (In Full)			
	Bill Shuster for Congress			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4556
A.	Sheetz Inc			Date of Disbursement
	Mailing Address 5700 Sixth Avenue			1 1 M
	,	State Zip Code		Amount of Each Disbursement this Period
	Altoona Purpose of Disbursement	PA 16602		37.00
	Vehicle Expenses		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For: 2006	1,700	Administrative/Salary/Ove
	Senate	Primary X General		Administrative/Salary/Ove- rhead Expenses
	President State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4562
В.	Sheetz Inc			Date of Disbursement
	Mailing Address 5700 Sixth Avenue			1 1 M
	,	State Zip Code		Amount of Each Disbursement this Period
	Altoona Purpose of Disbursement	PA 16602		22.15
	Vehicle Expenses		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For: 2006 Primary X General		Administrative/Salary/Ove-
	President	Primary X General Other (specify) ▼		rhead Expenses
	State: District:			
C.	Full Name (Last, First, Middle Initial) Exxon			Transaction ID: SB17-EX4517
•				Date of Disbursement
	Mailing Address 542 South Center Street			10 M / D25 / Y 2006 Y
		State Zip Code PA 15931		Amount of Each Disbursement this Period
	Purpose of Disbursement			27.51
	Vehicle Expenses Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under
			Type	11 C.F.R. 400.53
	· H	ment For: 2006		Administrative/Salary/Ove-
	Senate   President	Primary X General Other (specify) ▼		rhead Expenses
	State: District:	- \-Ir J/ \\		
S	UBTOTAL of Disbursements This Page (optional) .			86.66

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 28 / 75
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_ i `	X 17 18 19a 19b
_		, ,		20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\setminus$	NAME OF COMMITTEE (In Full)			
//	Bill Shuster for Congress			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4568
Α.	Exxon			Date of Disbursement
	Mailing Address 542 South Center Street			1 1 1 2 7 Y 2 0 0 6 Y
		State Zip Code		Amount of Each Disbursement this Period
	Ebensburg Purpose of Disbursement	PA 15931		41.30
	Vehicle Expenses		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006		Administrative/Salary/Ove-
	Senate   President	Primary X General Other (specify) ▼		rhead Expenses
	State: District:	outer (openity) V		
В.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4581
υ.	Staples-291 Altoona			Date of Disbursement
	Mailing Address Plank Road/Orchard Plaz	za		1 1 1 2 7 Y 2 0 0 6 Y
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement	10002		50.84
	Office Expenses		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For: 2006 Primary X General		Administrative/Salary/Ove-
	President	Other (specify) ▼		rhead Expenses
	State: District:			
C.	Full Name (Last, First, Middle Initial) NRCC			Transaction ID: SB17-EX4456 Date of Disbursement
	Mailing Address 320 First Street SE			10 20 7 2006
		State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement			35000.00
	Dues Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	• 🗎 –	ment For: 2006		Administrative/Salary/Ove-
	Senate   President	Primary X General Other (specify) ▼		rhead Expenses
_	State: District:	, , , , , , , , , , , , , , , , , , ,		
s	UBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	35092.14

	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 29 / 75 y one) X 17 18 19a 19b
	y Information copied from such Reports and Sta for commercial purposes, other than using the r			
0	NAME OF COMMITTEE (In Full)	arrie and address of arry political c	Ommittee to so	met contributions from such committee
$ \rangle$	Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Ramada Inn			Transaction ID: SB17-EX4564 Date of Disbursement
	Mailing Address One Sheraton Drive			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}1^M&\\\end{smallmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}7^D&\\\end{smallmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\check{0}6^Y\\\end{smallmatrix}$
	City Altoona	State Zip Code PA 16601		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging		002	92.65  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbrack Senate President	rrsement For: 2006 Primary X General Other (specify) ▼		Travel Expenses
	State: District:			
В.	Full Name (Last, First, Middle Initial) Ramada Inn			<b>Transaction ID:</b> SB17-EX4576 Date of Disbursement
	Mailing Address One Sheraton Drive	$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Altoona	State Zip Code PA 16601		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging		002	290.75  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	rrsement For: 2006 Primary X General Other (specify) ▼		Travel Expenses
	State: District:			
C.	Full Name (Last, First, Middle Initial) Ramada Inn			<b>Transaction ID:</b> SB17-EX4584 Date of Disbursement
	Mailing Address One Sheraton Drive	$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Altoona	State Zip Code PA 16601		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging	92.65  Refund or Disposal of Excess		
	Candidate Name		002 Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbring Senate President	ursement For: 2006 Primary X General Other (specify) ▼		Travel Expenses
_	State: District:			
s	UBTOTAL of Disbursements This Page (option	al)		476.05

<b>5</b> C	HEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
ITE	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17
	Information copied from such Reports and States or commercial purposes, other than using the name			
<b>\</b>	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Ramada Inn			Transaction ID: SB17-EX4585  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address One Sheraton Drive			27 2006
	City Altoona	State Zip Code PA 16601		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging Candidate Name		002 Category/ Type	92.65  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	ement For: 2006 Primary X General Other (specify)		Travel Expenses
	Full Name (Last, First, Middle Initial) Ramada Inn			Transaction ID: SB17-EX4589  Date of Disbursement
	Mailing Address One Sheraton Drive		$\begin{bmatrix}\begin{smallmatrix}M&M&M\\1&1&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D\\2&7\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&6\end{smallmatrix}^{Y}$	
	City Altoona	State Zip Code PA 16601		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	ement For: 2006 Primary X General Other (specify)		Travel Expenses
	Full Name (Last, First, Middle Initial) Zachs Sports And Spirits			Transaction ID: SB17-EX4587 Date of Disbursement
	Mailing Address 5820 Sixth Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & Q & Q & G \end{bmatrix} $
	City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement  Meals  Candidate Name  Cat			Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	ement For: 2006 Primary X General Other (specify) ▼		Travel Expenses
				390.97

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the Detailed Summary Page	(check onl	NUMBER: PAGE 31 / 75 ly one)  X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and S for commercial purposes, other than using the			for the purpose of solicating contributions
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) The Dream Restaurant  Mailing Address 1500 Allegheny Stree	at .		Transaction ID: SB17-EX4567 Date of Disbursement  111
	City Hollidaysburg Purpose of Disbursement Meals	State Zip Code PA 16648	002	Amount of Each Disbursement this Period  58.63  Refund or Disposal of Excess Contributions Required Under
	Candidate Name  Office Sought: House Senate President  State: District:	oursement For: 2006 Primary X General Other (specify)	Category/ Type	11 C.F.R. 400.53  Travel Expenses
В.	Full Name (Last, First, Middle Initial) The Dream Restaurant  Mailing Address 1500 Allegheny Stre	et		Transaction ID: SB17-EX4569 Date of Disbursement    M   M
	City Hollidaysburg Purpose of Disbursement Meals Candidate Name	State Zip Code PA 16648	002 Category/ Type	Amount of Each Disbursement this Period  75.98  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Dis     Senate   President     State: District:	oursement For: 2006 Primary X General Other (specify)	.,,,,,	Travel Expenses
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club  Mailing Address 300 First Street SE			Transaction ID: SB17-EX4553 Date of Disbursement  1 1 1
	City Washington Purpose of Disbursement Dues Candidate Name	State Zip Code DC 20003	001 Category/	Amount of Each Disbursement this Period  400.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis Senate President State: District:	oursement For: 2006 Primary X General Other (specify)	Type	Administrative/Salary/Ove- rhead Expenses

SUBTOTAL of Disbursements This Page (optional) .....

SCHEDULE B (FEC Form 3 )				FOR LINE	NUMBER: PAGE 32 / 75		
ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the		(check only			
_		Detailed Summary Page			X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and S for commercial purposes, other than using the						
Λ	NAME OF COMMITTEE (In Full)						
V	Bill Shuster for Congress						
Α.	Full Name (Last, First, Middle Initial) Capitol Hill Club				Transaction ID: SB17-EX4554 Date of Disbursement		
	Mailing Address 300 First Street SE				1 1 2 7 2 7 2 0 0 6		
	City Washington	State Zip Code DC 20003			Amount of Each Disbursement this Period		
	Purpose of Disbursement Meals			002	511.43  Refund or Disposal of Excess		
	Candidate Name		Cat	tegory/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Dis Senate President	bursement For: 2006 Primary X General Other (specify)	<u> </u>		Travel Expenses		
_	State: District:						
В.	Full Name (Last, First, Middle Initial) UPS				<b>Transaction ID:</b> SB17-EX4481 Date of Disbursement		
	Mailing Address PO Box 7247-0244	$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} & \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$					
	City Philadelphia	State Zip Code PA 19170			Amount of Each Disbursement this Period		
	Purpose of Disbursement Postage				48.81  Refund or Disposal of Excess		
	Candidate Name		Cat	001 tegory/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Dis Senate President	bursement For: 2006 Primary X General Other (specify)			Administrative/Salary/Ove- rhead Expenses		
	State: District:	(open.y) <b>V</b>					
C.	Full Name (Last, First, Middle Initial) UPS				Transaction ID: SB17-EX4506 Date of Disbursement		
	Mailing Address PO Box 7247-0244				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $		
	City Philadelphia	State Zip Code PA 19170			Amount of Each Disbursement this Period		
	Purpose of Disbursement				18.14		
	Postage Candidate Name		Cat	001 tegory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Dis	bursement For: 2006 Primary X General Other (specify)	· ·	71:-	Administrative/Salary/Ove- rhead Expenses		
	State: District:	Caron (opoonly)					
s	UBTOTAL of Disbursements This Page (opti	onal)		▶	578.38		

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5	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	-	NUMBER: PAGE 33 / 75
ITEMIZED DISBURSEMENTS		for each category of the	(check only	
		Detailed Summary Page	-	X 17 18 19a 19b 20a 20b 20c 21
Ar	y Information copied from such Reports and Statem	nents may not be sold or used	l by any person f	
	for commercial purposes, other than using the name			
\	NAME OF COMMITTEE (In Full)			
/	Bill Shuster for Congress			
۹.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17-EX4511 Date of Disbursement
	Mailing Address PO Box 7247-0244			111
	City Philadelphia	State Zip Code PA 19170		Amount of Each Disbursement this Period
	Purpose of Disbursement	1,71		185.36
	Postage		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disburse     Senate   President     State:   District:	ement For: 2006 Primary X General Other (specify)		Administrative/Salary/Ove- rhead Expenses
	Full Name (Last, First, Middle Initial)			Transaction ID: CD17 FV4547
3.	UPS			Transaction ID: SB17-EX4547 Date of Disbursement
	Mailing Address PO Box 7247-0244	$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Philadelphia	State Zip Code PA 19170		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage		001	17.44  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ement For: 2006 Primary X General Other (specify)		Administrative/Salary/Ove- rhead Expenses
	State: District:			
Э.	Full Name (Last, First, Middle Initial) Hilton Harrisburg and Towers			<b>Transaction ID:</b> SB17-EX4535  Date of Disbursement
	Mailing Address One North Second Street	10  25  2006		
	•	State Zip Code		Amount of Each Disbursement this Period
	Harrisburg	PA 17101		10.75
	Purpose of Disbursement Meals		000	19.75
	Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ement For: 2006 Primary X General Other (specify)		Travel Expenses
	State: District:	] · · · · (- ··J/) ▼		
•	UBTOTAL of Disbursements This Page (optional)			222.55
	OPTION OF DISDUISEMENTS THIS FAGE (OPTIONAL)		··········	

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SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS		Use seperate schedule(s)		FOR LINE (check only	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		for each category of the Detailed Summary Page		`	17 18 20a 20b	19a 19b 20c 21	
	y Information copied from such Reports and State for commercial purposes, other than using the nan						
$\setminus$	NAME OF COMMITTEE (In Full)						
$ \rangle$	Bill Shuster for Congress						
Α.	Full Name (Last, First, Middle Initial) Hilton Harrisburg and Towers		Transaction ID: SB17-EX4574 Date of Disbursement				
	Mailing Address One North Second Street		111 / 27	2006			
	City Harrisburg	State Zip Code PA 17101			Amount of Each Di	sbursement this Period	
	Purpose of Disbursement Fundraising			003	Refund or Dispo	409.20 osal of Excess	
	Candidate Name			ategory/ Type	Contributions R 11 C.F.R. 400.5		
	Office Sought: House Senate President Disburs	ement For: 2006 Primary X General Other (specify)			Solitication and Fing Expenses	Fundrais-	
	State: District:						
В.	Full Name (Last, First, Middle Initial) John Kurtz				Transaction ID: SB17-EX4468 Date of Disbursement		
	Mailing Address 303 Laurel Street		10 / 24	<sup>'</sup> 2006			
	City Bellwood	State Zip Code PA 16617			Amount of Each Dis	sbursement this Period	
	Purpose of Disbursement Vehicle Expenses		001	114.75  Refund or Disposal of Excess			
	Candidate Name		Category/ Type		Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburs Senate President	ement For: 2006 Primary X General Other (specify)			Administrative/Sarhead Expenses	alary/Ove-	
	State: District:	Ctrici (opeony)					
С.	Full Name (Last, First, Middle Initial) John Kurtz				Transaction ID: SI	_	
	Mailing Address 303 Laurel Street		10 / 31	<sup>'</sup> 2006			
	City Bellwood	State Zip Code PA 16617			Amount of Each Dis	sbursement this Period	
	Purpose of Disbursement	17 10017				112.20	
	Vehicle Expenses  Candidate Name			001 ategory/	Refund or Dispo	equired Under	
				Type	11 C.F.R. 400.5	53	
	Senate	ement For: 2006 Primary X General			Administrative/Sarhead Expenses	alary/Ove-	
	President State: District:	Other (specify) ▼					
s	UBTOTAL of Disbursements This Page (optional)			<u></u>		636.15	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)			-	NUMBER: PAGE 35 / 75		
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page			(check only	X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam							
$\setminus$	NAME OF COMMITTEE (In Full)							
V	Bill Shuster for Congress							
Α.	Full Name (Last, First, Middle Initial) John Kurtz  Mailing Address 303 Laurel Street					Transaction ID: SB17-EX4525 Date of Disbursement  M M M / D D D / Y Y Y O O O O		
	City	State	Zip Code			Amount of Each Disbursement this Period		
	Bellwood	PA	16617					
	Purpose of Disbursement Vehicle Expenses				001	125.38		
	Candidate Name			Cat	001 egory/ ype	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (sp	2006 X General ecify) <b>V</b>			Administrative/Salary/Ove- rhead Expenses		
	Full Name (Last, First, Middle Initial)					Transaction ID. CD17 EV4500		
В.						Transaction ID: SB17-EX4586  Date of Disbursement		
	Mailing Address 2 Convention Center Blvd					111 M / 27 / Y 2006 Y		
	City Altoona	State PA	Zip Code 16602			Amount of Each Disbursement this Period		
	Purpose of Disbursement Lodging				002	95.83  Refund or Disposal of Excess		
	Candidate Name				egory/ ype	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	ement For: Primary Other (sp	2006 X General			Travel Expenses		
	State: District:	Other (sp	ecity) $\blacktriangledown$					
C.	Full Name (Last, First, Middle Initial) Hampton Inn					Transaction ID: SB17-EX4533 Date of Disbursement		
	Mailing Address 180 Charlotte Drive					$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Altoona	State PA	Zip Code 16601			Amount of Each Disbursement this Period		
	Purpose of Disbursement Lodging				002	126.09		
	Candidate Name			Cat	egory/ ype	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Senate	Primary	2006 X General			Travel Expenses		
	President State: District:	Other (sp	ecity) 🔻					
s	UBTOTAL of Disbursements This Page (optional)				<b>•</b>	347.30		

SCHEDULE B (FEC Form 3)					FOR LINE NUMBER: PAGE 36			
ITEMIZED DISBURSEMENTS		-	Use seperate schedule(s) for each category of the	(check onl				
• •	LIMIZED DISBONSEME	.1413		Summary Page		X 17 18 19a 19b 20a 20b 20c 21		
						for the purpose of solicating contributions slicit contributions from such committee		
$\setminus$	NAME OF COMMITTEE (In Full)							
/	Bill Shuster for Congress							
Α.	Full Name (Last, First, Middle Initial) Hampton Inn	)				Transaction ID: SB17-EX4536 Date of Disbursement		
	Mailing Address 180 Charlott	e Drive				10 M / D 2 5 / Y 2 0 0 6 Y		
	City Altoona		State PA	Zip Code 16601		Amount of Each Disbursement this Period		
	Purpose of Disbursement Lodging				002	112.32  Refund or Disposal of Excess		
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	2006 X General ecify) ▼		Travel Expenses		
	State: District:							
В.	Full Name (Last, First, Middle Initial) Blair Co Chamber Of Commer					Transaction ID: SB17-EX4467 Date of Disbursement		
	Mailing Address 3900 Industrial Park Drive Suite 12					10 M / 24 / Y Y Y O O 6 Y		
	City Altoona		State PA	Zip Code 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement				004	271.00		
	Dues Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	2006 X General ecify) ▼		Administrative/Salary/Ove- rhead Expenses		
	State: District:							
C.	Full Name (Last, First, Middle Initial) Pathfinder Communications L					Transaction ID: SB17-EX4471 Date of Disbursement		
	Mailing Address 603 Swedesi Swedesford		enter			10 M / 24 / Y 2006 Y		
	City Malvern		State PA	Zip Code 19355		Amount of Each Disbursement this Period		
	Purpose of Disbursement				•	3600.00		
	Campaign Literature Candidate Name				006 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	2006 X General ecify) ▼	- 75-0	Campaign Materials		
_	State: District:							
s	UBTOTAL of Disbursements This P	age (optional)			<b>&gt;</b>	3983.32		

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 37/75
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one)
	Detailed Summary Page		20a 20b 20c 21
Any Information copied from such Reports and States or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Bill Shuster for Congress			
Full Name (Last, First, Middle Initial)  A. Penn's Woods Council #508			Transaction ID: SB17-EX4480 Date of Disbursement
Mailing Address PO Box 352			$\begin{bmatrix} M & M & M \\ 1 & 0 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D & D \\ 3 & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Q \\ 2 & 0 & 0 & 6 \end{bmatrix}$
City Tire Hill	State Zip Code PA 15959		Amount of Each Disbursement this Period
Purpose of Disbursement Print Ads		004	50.00  Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: 2006 Primary X General Other (specify)		Advertising Expenses
State: District:			
Full Name (Last, First, Middle Initial)  B. US Members Dining Room			Transaction ID: SB17-EX4512 Date of Disbursement
Mailing Address H-117 The Capitol HOB Rayburn Bldg			10 M / D D D / Y Y Y O O 6 Y
City Washington	State Zip Code DC 20515		Amount of Each Disbursement this Period
Purpose of Disbursement Meals		002	59.55  Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: 2006 Primary X General Other (specify)		Travel Expenses
State: District:			
Full Name (Last, First, Middle Initial) C. US Members Dining Room			Transaction ID: SB17-EX4513 Date of Disbursement
Mailing Address H-117 The Capitol HOB Rayburn Bldg			1 0 M / D 2 5 / Y 2 0 0 6 Y
City Washington	State Zip Code DC 20515		Amount of Each Disbursement this Period
Purpose of Disbursement Meals		002	6.00  Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President	ement For: 2006 Primary X General Other (specify)		Travel Expenses
State: District:	<u> </u>		
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	115.55

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	(vone) X 17
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Full Name (Last, First, Middle Initial)  A. Verizon Wireless			Transaction ID: SB17-EX4482 Date of Disbursement
Mailing Address PO Box 17464			$\begin{bmatrix} M & M & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 3 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
City Baltimore	State Zip Code MD 21297		Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	sement For: 2006 Primary X General Other (specify)	Туре	Administrative/Salary/Ove- rhead Expenses
Full Name (Last, First, Middle Initial)  3. ATLANTIC broadband			Transaction ID: SB17-EX4458 Date of Disbursement
Mailing Address Box 371801			10 20 7 2006
City Pittsburgh	State Zip Code PA 15250		Amount of Each Disbursement this Period
Purpose of Disbursement Utilities Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought: House Senate President State: District:	sement For: 2006 Primary X General Other (specify)	Туре	11 C.F.R. 400.53  Administrative/Salary/Ove-rhead Expenses
Full Name (Last, First, Middle Initial)  ATLANTIC broadband			Transaction ID: SB17-EX4508 Date of Disbursement
Mailing Address Box 371801			111 M 7 D 0 D 7 Y 2 0 0 6 Y
City Pittsburgh	State Zip Code PA 15250		Amount of Each Disbursement this Period
Purpose of Disbursement Utilities		001	103.95  Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	sement For: 2006 Primary X General Other (specify) ▼		Administrative/Salary/Ove- rhead Expenses
SUBTOTAL of Disbursements This Page (optional	)		238.47
TOTAL This Period (last page this line number only	y)		

SC	CHEDULE B (FEC Form 3 )	lise senerati	e schedule(s)	FOR LINE		PAGE 39/75
IT	EMIZED DISBURSEMENTS	for each cate Detailed Sun	egory of the	(check only	one) X 17 18 20a 20b	19a 19b 20c 21
	r Information copied from such Reports and Statem or commercial purposes, other than using the nam					
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress					
۹.	Full Name (Last, First, Middle Initial) ATLANTIC broadband				Transaction ID: Date of Disburse	ment
	Mailing Address Box 371801				11 1	7 2006
	Pittsburgh		ip Code 5250		Amount of Each	Disbursement this Period
	Purpose of Disbursement Utilities Candidate Name			001 Category/ Type		54.02 sposal of Excess Required Under 0.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (specify	2006 X General	,	Administrative/ rhead Expense	Salary/Ove- s
3.	Full Name (Last, First, Middle Initial) CenPenn Realty LLC				Transaction ID: Date of Disburse	
	Mailing Address 513 Allegheny Street				10 2	4 2006
	City Hollidaysburg		ip Code 6648		Amount of Each	Disbursement this Period
	Purpose of Disbursement Rent Candidate Name			001 Category/ Type		500.00 sposal of Excess Required Under 0.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (specify	2006 X General	,	Administrative/ rhead Expense	Salary/Ove- s
_	Full Name (Last, First, Middle Initial) CenPenn Realty LLC				Transaction ID: Date of Disburse	ment
	Mailing Address 513 Allegheny Street				111 2	7 2006
	City Hollidaysburg		ip Code 6648		Amount of Each	Disbursement this Period
	Purpose of Disbursement Rent Candidate Name			001 Category/ Type	Refund or Dis Contributions 11 C.F.R. 40	500.00 sposal of Excess Required Under 0.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (specify	2006 X General ⁄) ▼	76-	Administrative/ rhead Expense	
SI	JBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>		1054.02
T	OTAL This Period (last page this line number only)					

	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	FOR LINE (check onli	NUMBER: PAGE 40 / 75 yone)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Bill Shuster for Congress			
A.	Full Name (Last, First, Middle Initial) US Airways			Transaction ID: SB17-EX4565 Date of Disbursement
	Mailing Address 5620 University Pkwy			111 27 7 2006
		State Zip Code NC 27105		Amount of Each Disbursement this Period
	Purpose of Disbursement		000	250.00
	Airplane Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: 2006 Primary X General Other (specify)		Travel Expenses
	State: District:			
В.	Full Name (Last, First, Middle Initial) The Blairmont Club			Transaction ID: SB17-EX4531 Date of Disbursement
	Mailing Address 145 Larch Street			10  25 / 2006
	,	State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals		002	29.48
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: 2006 Primary X General Other (specify) ▼		Travel Expenses
C.	Full Name (Last, First, Middle Initial) The Blairmont Club			Transaction ID: SB17-EX4555 Date of Disbursement
	Mailing Address 145 Larch Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals		002	100.06  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: 2006 Primary X General Other (specify)		Travel Expenses
	State: District:			
	JBTOTAL of Disbursements This Page (optional)			379.54

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	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule for each category of the	è	FOR LINE (check only	one)
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
$\setminus$	NAME OF COMMITTEE (In Full)				
/	Bill Shuster for Congress				
_	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4462
Α.	Robbe Bendick				Date of Disbursement
	Mailing Address 1636 West Abingdon Dr	ive #101			10  20  20 6
	City Alexandria	State Zip Code VA 22314			Amount of Each Disbursement this Period
	Purpose of Disbursement		T	• •	1177.25
	Campaign Workers' Salaries		4 L	001	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006			Administrative/Salary/Ove-
	Senate President	Primary X Gener Other (specify)	al		Administrative/Salary/Ove- rhead Expenses
	State: District:	Other (specify)			
	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4497
B.	Robbe Bendick				Date of Disbursement
	Mailing Address 1636 West Abingdon Dr	ive #101			111 0 8 Y 2006
	City	State Zip Code			Amount of Each Disbursement this Period
	Alexandria	VA 22314			1177.25
	Purpose of Disbursement Campaign Workers' Salaries			001	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006			Administrative/Salary/Ove-
	Senate President	Primary X Gener	al		rhead Expenses
	State: District:	Other (specify)			
	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4498
C.	Robbe Bendick				Date of Disbursement
	Mailing Address 1636 West Abingdon Dr	ive #101			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{bmatrix}^M \begin{bmatrix} \begin{smallmatrix} D & D \\ D & B \end{bmatrix}^M \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & B \end{bmatrix}^M \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & B \end{bmatrix}^M \end{bmatrix}$
	City Alexandria	State Zip Code VA 22314			Amount of Each Disbursement this Period
	Purpose of Disbursement		Тг	•	2665.37
	Campaign Workers' Salaries		44	001	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006			Administrative/Salary/Ove-
	Senate	Primary X Gener	al		rhead Expenses
	State: President State:	Other (specify) ▼			
s	UBTOTAL of Disbursements This Page (optional)				5019.87

S	CHEDULE E	(FEC Form 3	3)				FOR LINE	NUMP	FR·			PA	AGF	42 / 75
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		d from such Reports poses, other than usi												
Λ	NAME OF COMM	, ,												
V	Bill Shuster for	Congress												
Α.	Full Name (Last, F Robbe Bendick	First, Middle Initial)								ion ID	_	B17-E	X45	518
								М	M				/ Y	, Y Y
	Mailing Address	1636 West Abir	ngdon Driv	e #101				1			1 <b>7</b>		. 2	006
	City Alexandria			State VA	Zip Code 22314			Amo	unt d	of Eacl	n Dis	sburse	men	t this Period
	Purpose of Disbu	rsement												170.00
	Vehicle Expenses	i .					001					osal of		
	Candidate Name						ategory/ Type			F.R. 4		equire 53	a Ur	nder
	Office Sought:	House	Disburse	ment For:	2006			Adm	inis	rative	ء\S:	alary/	Ove	·-
		Senate		Primary	X General			rhea	d E	pens	es	aidi y	-	
	State:	President District:		Other (spe	eciry) 🔻									
_		First, Middle Initial)						<b>T</b>		· ID		D47 F		-0.4
В.	Benjamins	not, madio milaly								isburs		B17-E ent	:X4:	034
								М	М		2 5		( )	006
	Mailing Address	458 Philadelphi	a Street					1 (	,		<u> </u>		, _	000
	City Indiana			State PA	Zip Code 15701			Amo	unt d	of Each	n Di	sburse	men	t this Period
	Purpose of Disbu	rsement						86.52  Refund or Disposal of Excess				86.52		
	Meals Candidate Name					Ļ	002					osal of equire		
	Candidate Name						ategory/ Type			F.R. 4			u 01	idei
	Office Sought:	House	Disburser		2006			Trav	el E	xpens	ses			
		Senate President		Primary Other (spe	X General					•				
	State:	District:		Otrici (Spe	Schy) ₩									
	Full Name (Last, I	First, Middle Initial)						Trar	sact	ion ID	): SI	B17-E	- - - - - - - - - - - - - - - - - - -	165
C.	S&T Bank							Date	of D	isburs	seme	ent		
	Mailing Address	208 West Plank	k Road					1 <sup>M</sup> (	) <sup>M</sup>	/ D	2 3	]	Ž	0066
	City			State	Zip Code			Amo	unt d	of Each	h Di	sburse	men	t this Period
	Altoona		l	PA	16602						-		-	170.50
	Purpose of Disbu	rsement					004	L			_		_	478.59
	Payroll Taxes Candidate Name						001 ategory/					osal of equire		
							Type			F.R. 4				
	Office Sought:	House	Disburse		2006			Adm	inis	rative	e/Sa	alary/	Ove	-
		Senate President		Primary Other (spe	X General			rhea	d É	pens	es	. ,	,	
	State:	District:		Other (Spe	5011 <b>y</b> ) ▼									
Г			<u> </u>								_			
s	UBTOTAL of Disb	ursements This Page	e (optional)				<b>•</b>							735.11

S	CHEDULE B (FEC Form 3)		EOR LINE	NE NUMBER: PAGE 43 / 75							
	EMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the	(check onl								
•	EMIZED DISBURSEMENTS	Detailed Summary Page			X 17 20a		18 20b		19a 20c		19b 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										
Ν	NAME OF COMMITTEE (In Full)										
$\backslash$	Bill Shuster for Congress										
Α.	Full Name (Last, First, Middle Initial) S&T Bank				Date o	of Di	sburs	em			
	Mailing Address 208 West Plank Road				1 1	М	<sup>′</sup>	) 1 <sup>D</sup>		Ž	2006°
		State Zip Code PA 16602			Amou	nt o	f Each	n Di	isburse	mer	t this Period
	Purpose of Disbursement Bank Service Charge			001	Re	efun	d or D	isp	osal of	Exc	25.00 ess
	Candidate Name		C	ategory/ Type			bution F.R. 40		Require 53	d Ur	nder
	Senate President	ement For: 2006 Primary X General Other (specify)			Bank	Ser	vice (	Ch	arge		
	State: District:										
В.	Full Name (Last, First, Middle Initial) S&T Bank				Date o	of Di	sburs	em			
	Mailing Address 208 West Plank Road				11	M	<sup>′</sup>	0 6		Ž	006
		State Zip Code PA 16602			Amou	nt o	f Each	n Di	isburse	mer	t this Period
	Purpose of Disbursement Bank Service Charge		Refund or Disposal of Excess Contributions Required Under								
	Candidate Name		C	ategory/ Type			bution F.R. 40			d Ur	nder
	Office Sought: House Disburse Senate President	ement For: 2006 Primary X General Other (specify)			Bank	Ser	vice (	Ch	arge		
	State: District:	Carlor (opcomy)									
С.	Full Name (Last, First, Middle Initial) S&T Bank				Trans Date of			_	B17-E	X45	593
	Mailing Address 208 West Plank Road				1 1	M	/ D	1 0	/ [	Ž	006
		State Zip Code PA 16602			Amou	nt o	f Each	n Di	isburse	mer	t this Period
	Purpose of Disbursement										478.59
	Payroll Taxes Candidate Name		- C	001 ategory/	Co	ontril		s R	osal of Require 53		
	Senate	ement For: 2006 Primary X General	1	Туре	Admir rhead	nistı	rative	e/Sa		Ove	: <b>-</b>
	President State: District:	Other (specify)									
s	UBTOTAL of Disbursements This Page (optional) .		·····	<u></u>							525.59

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S	CHEDULE B (FEC Fo	Use sepe	erate schedule(s)		-	E NUMBER: PAGE 44 / 75						
IT	EMIZED DISBURSEN	MENTS	for each	category of the Summary Page		(check only	X 17 20a	ш	18 20b	$oldsymbol{\sqcup}$	19a [ 20c	19b 21
						n for the purpose of solicating contributions solicit contributions from such committee						
$\setminus$	NAME OF COMMITTEE (In Full	)										
/	Bill Shuster for Congress											
Α.	Full Name (Last, First, Middle Ini S&T Bank	tial)					Date o		burse	emen	7-EX t	
	Mailing Address 208 West	Plank Road					1 1		1	0	L.	ž 0 0 6 °
	City Altoona		State PA	Zip Code 16602			Amou	nt of	Each	Disb	ursem	ent this Period
	Purpose of Disbursement		ra —	10002								1474.23
	Payroll Taxes					001					al of E	
	Candidate Name				С	ategory/ Type		ontrib C.F.			uired l	Jnder
	Office Sought: House Senate President		ement For: Primary Other (spe	2006 X General ecify) ▼			Admii rhead	nistra Exp	ative, ense	/Sala	ary/O\	/e-
	State: District:			· · ·								
В.	Full Name (Last, First, Middle Ini Cingular Wireless	tial)					Trans Date					4466
	Mailing Address PO Box 64	416					1 <sup>M</sup> 0	M /	<sup>D</sup> 2	4	/ Y	ž 0 0 6 °
	City Carol Stream		State IL	Zip Code 60197			Amou	nt of	Each	Disb	ursem	ent this Period
	Purpose of Disbursement Telephone		001	Refund or Disposal of Excess				228.72 xcess				
	Candidate Name				ı	ategory/ Type	L Co		utions	s Rec	uired l	
	Office Sought: House Senate President		ement For: Primary Other (spe	2006 X General ecify) ▼			Admir rhead	nistra Exp	ative ense	/Sala	ary/Ov	/e-
	State: District:											
C.	Full Name (Last, First, Middle Ini Cingular Wireless	tiai)					Date	of Dis	burse	emen	7-EX t	
	Mailing Address PO Box 64	416					11	M /	<sup>D</sup> 2	7	/ Y	2006
	City Carol Stream		State IL	Zip Code 60197			Amou	nt of	Each	Disb	ursem	ent this Period
	Purpose of Disbursement											251.42
	Telephone Candidate Name				C	001 ategory/ Type	L Co		utions	s Rec	al of Ex Juired l	
	Office Sought: House Senate President		ement For: Primary Other (spe	2006 X General	I	Ni. z	Admii rhead	nistra Exp	ative ense	/Sala	ary/Ov	/e-
_	State: District:			J/ <b>V</b>								
, ا	UBTOTAL of Disbursements This	s Page (ontional)										1954.37

ITEMIZED DISBURSEMENTS   Use seperate schedule(s)   (check only	NUMBER: PAGE 45 / 75 (7 one)  X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Statements may not be sold or used by any person for for commercial purposes, other than using the name and address of any political committee to sold	
NAME OF COMMITTEE (In Full) Bill Shuster for Congress	
Full Name (Last, First, Middle Initial)  A. Cingular Wireless  Mailing Address PO Box 6416	Transaction ID: SB17-EX4552 Date of Disbursement    M
City State Zip Code Carol Stream IL 60197	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Candidate Name  Out Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:    House   Disbursement For: 2006     Senate   Primary   X General     Other (specify) ▼   State: District:	Administrative/Salary/Ove- rhead Expenses
Full Name (Last, First, Middle Initial)  Nemacolin Woodlands Resort & Spa  Mailing Address 1001 LaFayette Drive	Transaction ID: SB17-EX4541 Date of Disbursement  MOM  DESCRIPTION  Transaction ID: SB17-EX4541  Date of Disbursement  Transaction ID: SB17-EX4541  Date of Disbursement
City State Zip Code Farmington PA 15437	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising  Candidate Name  003  Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:    House   Disbursement For: 2006     Senate   Primary   X General     Other (specify) ▼	Solitication and Fundraising Expenses
State: District:  Full Name (Last, First, Middle Initial)  C. Jeffrey Loveng	Transaction ID: SB17-EX4500 Date of Disbursement
Mailing Address 228 W. Windsor Avenue	$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & B \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} $
City State Zip Code Alexandria VA 22301	Amount of Each Disbursement this Period 451.38
Purpose of Disbursement Vehicle Expenses  Candidate Name  Out Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:    House	Administrative/Salary/Ove- rhead Expenses
State: District:  SUBTOTAL of Disbursements This Page (optional)	3302.72

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SCHEDULE B (FEC Form 3 ) Use seperate sche							-	IE NUMBER: PAGE 46 / 75							
IT	<b>EMIZED DISBURS</b>	rs	for each o	category of the (		(check on	<u> </u>							1.01	
				Detailed S	Summary Page			انت	17 20a	Н	18 20b	$\vdash$	198		19b 21
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	for commercial purposes, oth														
$\setminus$	NAME OF COMMITTEE (In	,													
/	Bill Shuster for Congres	SS													
`	Full Name (Last, First, Midd												SB17-	EX45	510
٦.	Pennsylvania Farm Bur	eau						] [		_	sburs		nent	Y Y	Y Y Y
	Mailing Address PO Bo	ox 8736							11			) 9		2	0 0 6
	City Camp Hill		Sta P.	ate A	Zip Code 17001			/	Amou	nt o	f Each	ı D	Disburs	emen	t this Period
	Purpose of Disbursement			•								_			72.00
	Dues					L	001	Г					posal o		
	Candidate Name						ategory/ Type				E.R. 40		Requir .53	ea Un	aer
	Office Sought: House		Disbursem		2006			A	dmir	nisti	rative	ج/د	Salary	/Ove	_
	Sena	ate ident		Primary Other (spe	X General			rl	nead	Ex	pense	es	,	, 0.0	
	State: District:			otilei (spe	City) $\blacktriangledown$										
	Full Name (Last, First, Midd							١,	Franc		ID	c	SB17-	EV4	160
3.	e2c consulting Inc.	,									sburs	_		<b>⊏Λ4</b> 4	109
	Mailing Address - DO D	00570						-	м 1 0	М	/ D	2 4	D /	YYY	0 0 6
	Mailing Address PO Bo	ox 29576						'	1 0			_	י ני		000
	City Washington		Sta D	ate C	Zip Code 20017			1	Amou	nt o	f Each	ı D	Disburs	emen	t this Period
	Purpose of Disbursement							1						∠	00.00
	Campaign Consultant					L	003						posal c		
	Candidate Name				Categ Typ				Contributions Required Under 11 C.F.R. 400.53					aer	
	Office Sought: House		Disbursem	ent For:	2006			S	Colitic	atio	nn an	ıd	Fund	rais-	
	Sena			Primary	X General				ng Ex			~	· ana	· u.o	
	State: District:	ident		Other (spe	City) $\blacktriangledown$										
	Full Name (Last, First, Midd							١,	<b>-</b>		ID		2017	EV45	-00
Э.	e2c consulting Inc.								Date o	of Di	sburs	en		EX45	
	Mailing Address PO Bo	ox 29576							1 1	М	<sup>′</sup>	) S	9 /	Ý Ž	0 0 6
	City			ate	Zip Code			/	Amou	nt o	f Each	ը 1 C	Disburs	emen	t this Period
	Washington		D	С	20017			1		-		_			5000.00
	Purpose of Disbursement Campaign Consultant						003	ш	D.	· f	al au D	.:		_	
	Candidate Name						ategory/ Type		Cc	ontril		ıs İ	posal d Requir .53		
	Office Sought: House	se	Disbursem		2006			٥	Colitic	atio	n an	ıH	Fund	raie-	
	Sena			Primary	X General				ng Ex			u	. and	. 4.0	
	State: Pres	ident		Other (spe	сіту) 🔻										
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	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	FOR LINE (check onli	NUMBER: PAGE 47 / 75
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	` <u>-</u>	X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stater or commercial purposes, other than using the nam			
_	NAME OF COMMITTEE (In Full)			
$\rangle$	Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) e2c consulting Inc.			Transaction ID: SB17-EX4544 Date of Disbursement
	Mailing Address PO Box 29576			1 1 M / D 2 7 / Y 2 0 0 6 Y
	City Washington	State Zip Code DC 20017		Amount of Each Disbursement this Period
	Purpose of Disbursement		· · · ·	4000.00
	Campaign Consultant Candidate Name		003 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: 2006 Primary X General Other (specify) ▼		Solitication and Fundrais- ing Expenses
	State: District:			
В.	Full Name (Last, First, Middle Initial) Brent Gates			Transaction ID: SB17-EX4474 Date of Disbursement
	Mailing Address 310 Penn Street Suite 200			1 0 M / D 2 5 / Y 2 0 0 6 Y
	City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement Vehicle Expenses		001	51.00
	Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: 2006 Primary X General Other (specify) ▼		Administrative/Salary/Ove- rhead Expenses
	State: District: Full Name (Last, First, Middle Initial)			
C.	Brent Gates			Transaction ID: SB17-EX4507 Date of Disbursement
	Mailing Address 310 Penn Street Suite 200			111
	City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period 72.25
	Purpose of Disbursement Vehicle Expenses		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	ement For: 2006 Primary X General Other (specify) ▼		Administrative/Salary/Ove- rhead Expenses
	JBTOTAL of Disbursements This Page (optional)			4123.25

C/	CHEDITE B (EEC Form 2 )			1	
	CHEDULE B (FEC Form 3 )	Use seperate sche		FOR LINE (check only	
П	EMIZED DISBURSEMENTS	for each category of Detailed Summary			-
	y Information copied from such Reports and State for commercial purposes, other than using the nar				
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				
Α.	Full Name (Last, First, Middle Initial) Canan Station Print Shoppe				Transaction ID: SB17-EX4461 Date of Disbursement
	Mailing Address PO Box 632				10
	City Altoona	State Zip Cod PA 16603			Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising			003	309.51  Refund or Disposal of Excess
	Candidate Name		C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	sement For: 200 Primary X Ge Other (specify)	06 eneral		Solitication and Fundraising Expenses
	State: District:				
В.	Full Name (Last, First, Middle Initial) Canan Station Print Shoppe				Transaction ID: SB17-EX4519 Date of Disbursement
	Mailing Address PO Box 632				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City Altoona	State Zip Cod PA 16603			Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising			003	330.75  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburing Senate President State: District:	sement For: 200  Primary X Ge  Other (specify) ▼	06 eneral		Solitication and Fundraising Expenses
	Full Name (Last, First, Middle Initial)				
C.	MCI Conferencing				Transaction ID: SB17-EX4505 Date of Disbursement
	Mailing Address 500 Second Avenue SE Eighth Floor				111 D D D Y 2006
	City Cedar Rapids	State Zip Cod IA 52401			Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone			001	257.51  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President	sement For: 200 Primary X Go Other (specify)	D6 eneral		Administrative/Salary/Ove- rhead Expenses
	State: District:				
s	UBTOTAL of Disbursements This Page (optional	)			897.77

SCHEDULE B (FEC Form 3)			FOR LINE	NUMBER: PAGE 49 / 75	
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<u></u>	LIMIZED DIODOTTOLIMETTO	Detailed Summary Page		X     17     18     19a     19b       20a     20b     20c     21	
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
$\setminus$	NAME OF COMMITTEE (In Full)				
	Bill Shuster for Congress				
A.	Full Name (Last, First, Middle Initial) Kara Sidone			Transaction ID: SB17-EX4548 Date of Disbursement	
	Mailing Address 412 North Alfred Street			111 / 27 / 2006	
	City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period	
	Purpose of Disbursement Lodging		002	Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Senate President	ement For: 2006 Primary X General Other (specify)		Travel Expenses	
	State: District:				
В.	Full Name (Last, First, Middle Initial) Martha R McClintock			Transaction ID: SB17-EX4475 Date of Disbursement	
	Mailing Address 513 Allegheny Street			10 25 7 2006	
	City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period	
	Purpose of Disbursement Media		004	13572.10  Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Senate	ement For: 2006 Primary X General		Advertising Expenses	
	President State: District:	Other (specify) ▼			
	Full Name (Last, First, Middle Initial)			Transaction ID: CD17 EV44C4	
C.	North American Communications Inc.			Transaction ID: SB17-EX4464  Date of Disbursement	
	Mailing Address PO Box 39			10	
	City Duncansville	State Zip Code PA 16635		Amount of Each Disbursement this Period	
	Purpose of Disbursement		000	22000.00	
	Campaign Mailings Candidate Name		006 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President	ement For: 2006 Primary X General Other (specify)		Campaign Materials	
	State: District:				
s	UBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	35691.25	

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE I			
TEMIZED DISBURSEMENTS	for each category of the	(check only	· — — —		
	Detailed Summary Page		20a 20b 20c 21		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	and address of any pointed of				
Bill Shuster for Congress					
Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4520		
North American Communications Inc.			Date of Disbursement		
Mailing Address PO Box 39			111 / D 7 / Y Y Y O O 6 Y		
	State Zip Code PA 16635		Amount of Each Disbursement this Period		
Purpose of Disbursement	170000	-	8607.42		
Campaign Mailings		006	Refund or Disposal of Excess		
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	ment For: 2006		Campaign Materials		
Senate   President	Primary X General Other (specify) ▼				
State: District:	(1 )/ <b>V</b>				
Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4521		
North American Communications Inc.			Date of Disbursement		
Mailing Address PO Box 39			111 D 17 Y Y Y O O 6 Y		
,	State Zip Code PA 16635		Amount of Each Disbursement this Period		
Purpose of Disbursement			1460.00		
Campaign Mailings Candidate Name		006 Category/	Refund or Disposal of Excess Contributions Required Under		
cardidate Harno		Type	11 C.F.R. 400.53		
- I -	ment For: 2006		Campaign Materials		
Senate   President	Primary X General Other (specify) ▼				
State: District:	(-  <b>)</b> /				
Full Name (Last, First, Middle Initial) Shaw Motors Auto Sales			Transaction ID: SB17-EX4493 Date of Disbursement		
Mailing Address 1307 Third Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} & \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix}$		
Mailing Address 1307 Third Avenue					
	State Zip Code PA 16635		Amount of Each Disbursement this Period		
Purpose of Disbursement	10000	004	3071.50		
Candidate Name	Vehicle Expenses 001 Candidate Name Categor		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: House Disburse	ment For: 2006	Туре	11 O.F.M. 400.33		
Senate	Primary X General		Administrative/Salary/Ove- rhead Expenses		
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional) .		<u></u>	13138.92		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		FOR LINE NUMBER: PAGE 51 / 75 (check only one)		
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21		
	r Information copied from such Reports and Statem or commercial purposes, other than using the name					
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	Bill Shuster for Congress					
Α.	Full Name (Last, First, Middle Initial) Broadnet Teleservices			Transaction ID: SB17-EX4495 Date of Disbursement		
	Mailing Address 1745 Shea Center Drive Suite 320			1 1 1 D 0 6 Y 2 0 0 6 Y		
		State Zip Code CO 80129		Amount of Each Disbursement this Period		
	Purpose of Disbursement			1300.00		
	Polling Costs Candidate Name		005 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Senate President	ment For: 2006 Primary X General Other (specify)		Polling Expenses		
	State: District:					
В.	Full Name (Last, First, Middle Initial) Steve Martinko			Transaction ID: SB17-EX4526 Date of Disbursement		
	Mailing Address 906 North Wayne Street #101			1 1 1 7 1 7 Y Y Y O O O O		
	,	State Zip Code VA 22201		Amount of Each Disbursement this Period		
	Purpose of Disbursement		004	398.65		
	Vehicle Expenses Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	ment For: 2006 Primary X General Other (specify)		Administrative/Salary/Ove- rhead Expenses		
C.	Full Name (Last, First, Middle Initial) ABC Limo Service			Transaction ID: SB17-EX4537 Date of Disbursement		
	Mailing Address 5278 Kestrel Crossing Drive			10 M / D 25 / Y 2006 Y		
		State Zip Code VA 22312		Amount of Each Disbursement this Period		
	Purpose of Disbursement			388.80		
	Taxi/Car/Bus Expense  Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	ment For: 2006 Primary X General Other (specify)		Travel Expenses		
	JBTOTAL of Disbursements This Page (optional) .			2087.45		

C/	CHEDITE B (FFC Form 2.)				
	CHEDULE B (FEC Form 3)	Use sepe	Use seperate schedule(s)		NUMBER: PAGE 52 / 75 one)
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 ` <u>-</u>	X 17 18 19a 19b	
		Detailed	Summary rage		20a 20b 20c 21
	y Information copied from such Reports and Stator commercial purposes, other than using the n				
Λ	NAME OF COMMITTEE (In Full)				
/	Bill Shuster for Congress				
<u></u>	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4540
A.	The National Hotel				Date of Disbursement
	Mailing Address 1677 Collins Avenue				$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0&^M\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}5&^D\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0&0&6\\\end{smallmatrix}$
	0.1	01-1-	7'- 0-4-		
	City Miami Beach	State FL	Zip Code 33139		Amount of Each Disbursement this Period
	Purpose of Disbursement			* *	2000.00
	Fundraising			003	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	rsement For:	2006	туре	
	Senate	Primary	X General		Solitication and Fundrais- ing Expenses
	President	Other (spe	cify)		ing Expenses
	State: District:				
ь	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4542
B.	Chez Gerard			Date of Disbursement	
	Mailing Address 1187 National Pike			1 0 M / D D D / Y 2 0 0 6 Y	
	City	State	Zip Code		Amount of Each Disbursement this Period
	Hopwood	PA	15445		1256.67
	Purpose of Disbursement Fundraising			003	
	Candidate Name		Category/		Refund or Disposal of Excess Contributions Required Under
				Туре	11 C.F.R. 400.53
	ÿ	rsement For:	2006		Solitication and Fundrais-
	Senate President	Primary Other (and	X General		ing Expenses
	State: District:	Other (spe	city) 🔻		
	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4572
C.	Scotch Valley Country Club				Date of Disbursement
	Matter Address 10 Ot 11				111 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 18 Clubhouse Drive				27 2000
	City	State	Zip Code		Amount of Each Disbursement this Period
	Hollidaysburg Purpose of Disbursement	PA	16648		8640.72
	Fundraising			003	Refund or Disposal of Excess
	Candidate Name Category		Category/	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbu	rsement For:	2006	Туре	
	Senate Disbu	Primary	X General		Solitication and Fundrais- ing Expenses
	President	Other (spe			mg Expenses
_	State: District:				
s	UBTOTAL of Disbursements This Page (option	al)			11897.39

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J(	CHEDULE B (FECForm 3)	Use seperate schedule(s)	1	NUMBER: PAGE 53 / 75
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Blair Co Republican Committee			Transaction ID: SB21-EX4501 Date of Disbursement
	Mailing Address 513 Allegheny Street			1 1 1 0 8 7 Y 2 0 0 6 Y
	City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement Donations Candidate Name		012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disburs	sement For: 2006 Primary X General Other (specify)	,,	Donations
В.	Full Name (Last, First, Middle Initial) Gilbert Verdiglione			Transaction ID: SB21-EX4502 Date of Disbursement  11 1 0 8 2 0 0 6
	Mailing Address 22 N Spring Street			11 08 2006
	City Everett	State Zip Code PA 15537		Amount of Each Disbursement this Period
	Purpose of Disbursement Donations Candidate Name		012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disburs	sement For: 2006 Primary X General Other (specify) ▼		Donations
C.	Full Name (Last, First, Middle Initial) Friends Of Scarnati			Transaction ID: SB21-EX4590 Date of Disbursement
	Mailing Address PO Box 177			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Brockway	State Zip Code PA 15824		Amount of Each Disbursement this Period
			011 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disburs	sement For: 2006 Primary X General Other (specify) ▼	Type	Political Contributions

SCHEDULE B (FECFORIII 3 )		Use seperate schedule(s)		NUMBER: PAGE 54 / 75
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	17 18 19a 19b 20a 20b 20c X 21
	Information copied from such Reports and Sor commercial purposes, other than using the			
I \	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
A.	Full Name (Last, First, Middle Initial)  Cumberland Co Republican Comm  Mailing Address PO Box 1155			Transaction ID: SB21-EX4472 Date of Disbursement  10 24 2006
	City Carlisle	State Zip Code PA 17013		Amount of Each Disbursement this Period
	Purpose of Disbursement Donations Candidate Name		012 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis Senate President State: District:	bursement For: 2006 Primary X General Other (specify) ▼	Туре	Donations
_	Full Name (Last, First, Middle Initial) Blair Co Chamber Of Commerce			Transaction ID: SB21-EX4549 Date of Disbursement
	Mailing Address 3900 Industrial Park Drive Suite 12			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement Promotional Tickets Candidate Name		012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis Senate President State: District:	bursement For: 2006 Primary X General Other (specify) ▼		Donations
_	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Comm			Transaction ID: SB21-EX4485 Date of Disbursement
	Mailing Address 1230 Pottstown Pike	Suite 4		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Glenmoore	State Zip Code PA 19343		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions  011			1000.00  Refund or Disposal of Excess
	Candidate Name Jim Gerlach		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President State: PA District: 6	bursement For: 2006 Primary X General Other (specify)		Political Contributions
SI	JBTOTAL of Disbursements This Page (opti-	onal)		1105.00
	OTAL This Period (last page this line number			

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	_	NUMBER: PAGE 55 / 75
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 17
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Full Name (Last, First, Middle Initial)			Transaction ID: SB21-EX4490
A. Rick Renzi For Congress			Date of Disbursement
Mailing Address 112 Union Street Suite	Α		$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
City Prescott	State Zip Code AZ 86303		Amount of Each Disbursement this Period
Purpose of Disbursement	, <u> </u>	·	1000.00
Political Contributions  Candidate Name  Rick Renzi		011 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:    X   House   Disbu     Senate   President     State: AZ   District: 1	rsement For: 2006 Primary X General Other (specify)		Political Contributions
Full Name (Last, First, Middle Initial)  B. Debbie King			Transaction ID: SB21-EX4591 Date of Disbursement
Mailing Address 530 Garber Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
Purpose of Disbursement Political Contributions Candidate Name		011 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	rsement For: 2006 Primary X General Other (specify)		Political Contributions
Full Name (Last, First, Middle Initial)  C. Fitzpatrick for Congress			Transaction ID: SB21-EX4486 Date of Disbursement
Mailing Address 115 North Broad Stree	t		$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ I & I & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & I \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & I & Q & G \end{bmatrix} $
City Doylestown	State Zip Code PA 18901		Amount of Each Disbursement this Period
Purpose of Disbursement Political Contributions		011	1000.00
Candidate Name Michael Fitzpatrick		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:  X House Senate President State: PA District: 8	rsement For: 2006 Primary X General Other (specify)		Political Contributions
SUBTOTAL of Disbursements This Page (optional	un.	<b>b</b>	2132.90
TOTAL This Period (last page this line number on			

## SCHEDULE B (FEC Form 3 )

SCHEDOLL B (I LCI OIIII 3 )		Use seperate schedule(s)		= NUMBER: PAGE 56 / /5
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	17
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full)	e and address of any politica	i committee to s	onch contributions from such committee
$\rangle$	Bill Shuster for Congress			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB21-EX4488
Α.	Sweeney for Congress Inc			Date of Disbursement
	Mailing Address PO Box 1465			1 1 1
	City Clifton Park	State Zip Code NY 12065		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Political Contributions		011	Refund or Disposal of Excess
	Candidate Name John E. Sweeney		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: 2006 Primary X General Other (specify)		Political Contributions
_	State: NY District: 20 Full Name (Last, First, Middle Initial)			
В.	Geoff Davis for Congress			Transaction ID: SB21-EX4487 Date of Disbursement
	Mailing Address 3161 Dixie Highway - Suite F			1 1 1
	City Erlanger	State Zip Code KY 41018		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Political Contributions  Candidate Name Geoffrey C Davis  O11  Category/ Type			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: 2006 Primary X General Other (specify)		Political Contributions
	State: KY District: 4			
C.	Full Name (Last, First, Middle Initial) John Brenneman			Transaction ID: SB21-EX4477 Date of Disbursement
	Mailing Address 1449 North River Road		10 M / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Granville	State Zip Code PA 17029		Amount of Each Disbursement this Period
	Purpose of Disbursement Promotional Tickets 012			35.00  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: 2006 Primary X General Other (specify)		Donations
				2035.00
Ls	UBTOTAL of Disbursements This Page (optional)		<u></u>	2035.00
т	OTAL This Period (last page this line number only			

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one)  17
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Friends Of Don Sherwood  Mailing Address 81 Warren Street			Transaction ID: SB21-EX4483 Date of Disbursement  M M M / D D D / Y Y Y O O G
	City Tunkhannock Purpose of Disbursement	State Zip Code PA 18657		Amount of Each Disbursement this Period
	Political Contributions  Candidate Name  Donald L Sherwood		011 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President State: PA District: 10	ement For: 2006 Primary X General Other (specify)		Political Contributions
В.	Full Name (Last, First, Middle Initial) People With Hart Inc			Transaction ID: SB21-EX4484  Date of Disbursement
	Mailing Address PO Box 435			1 1 1 D 0 1 Y Y Y O O 6 Y
	City Wexford	State Zip Code PA 15090		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions Candidate Name Melissa Hart		011 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President  State: PA District: 4	ement For: 2006 Primary X General Other (specify)		Political Contributions
C.	Full Name (Last, First, Middle Initial) JD Hayworth For Congress			Transaction ID: SB21-EX4489 Date of Disbursement
	Mailing Address 14300 N Northsight Blvd	#105		$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 1 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	City Scottsdale	State Zip Code AZ 85260		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions  011		011	1000.00  Refund or Disposal of Excess
	Candidate Name JD Hayworth		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President State: AZ District: 5	ement For: 2006 Primary X General Other (specify)		Political Contributions
s	UBTOTAL of Disbursements This Page (optional)			3000.00
	OTAL This Period (last page this line number only)			

SCHEDULE B (FECFOIII 3 )		Use seperate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and Stator commercial purposes, other than using the na			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress	,,		
Α.	Full Name (Last, First, Middle Initial) Thelma Drake For Congress  Mailing Address 4772 Euclid Road Suit	e D		Transaction ID: SB21-EX4491 Date of Disbursement    M   M
	City Virginia Beach	State Zip Code VA 23462		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions  Candidate Name Thelma D Drake	C	011 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disbute Senate President State: VA District: 2	rsement For: 2006 Primary X General Other (specify)		Political Contributions
В.	Full Name (Last, First, Middle Initial) Friends Of Mike Sodrel			Transaction ID: SB21-EX4492 Date of Disbursement
	Mailing Address 201 East Market Street Suite 5			111 01 7 2006
	City Jeffersonville Purpose of Disbursement Political Contributions	State Zip Code IN 47130	011	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess
	Candidate Name Mike Sodrel	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President State: IN District: 9	rsement For: 2006 Primary X General Other (specify)		Political Contributions
C.	Full Name (Last, First, Middle Initial) Central PA Humane Society			Transaction ID: SB21-EX4522 Date of Disbursement
	Mailing Address 1837 E. Pleasant Valle	ey Blvd		111 17 7 2006
	City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Donations 012		65.00  Refund or Disposal of Excess	
	Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbuter Senate President State: District:	rsement For: 2006 Primary X General Other (specify)		Donations
-	JBTOTAL of Disbursements This Page (options	al)		2065.00

### Image# 27940104940

State:

### SCHEDULE B (FEC Form 3 )

District:

FOR LINE NUMBER: PAGE 59 / 75 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB21-EX4550 Southern Alleghenies Museum Of Art Date of Disbursement 2006 Mailing Address Saint Francis College Mall PO Box 9 City State Zip Code Amount of Each Disbursement this Period PA 15940 Loretto 75.00 Purpose of Disbursement **Promotional Tickets** 012 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House **Donations** Primary X General Senate President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	75.00
TOTAL This Period (last page this line number only)	•	13912.90

# SCHEDULE C (FEC Form 3 )

Use separate schedule(s)

PAGE 60 / 75

LOANS	for each category of the Detailed Summary Page	(check only one) X 13a 13b			
NAME OF COMMITTEE (In Full)					
Bill Shuster for Congress					
		action ID: SC10-LN13			
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:			
William Shuster		X Primary General			
Mailing Address 9 Overlook Drive		Other (specify)			
Mailing Address 9 Overlook Drive		Cirici (Specify)			
City Hollidaysburg State PA ZIP Cod	le 16648				
Original Amount of Loan Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period			
2000.00	2069.86	-69.86			
TERMS					
Date Incurred Date Due	Interest R	ate Secured:			
0 4 2 0 2 0 0 4 20041231		5 0000 - / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
20041201		5.0000 <sub>% (apr)</sub> Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
011. 710.0 d.	Amount Guaranteed				
City State ZIP Code	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
r all Name (East, 1 list, Madie Hillar)	Ivanic of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
F. II Nove (Least First Middle 1995)	-				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Cocapation				
	Amount				
City State ZIP Code	Guaranteed				
	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed				
,	Outstanding:				
CURTOTALO TIVIDA ALTICIDA (COMO	_	-69.86			
SUBTOTALS This Period This Page (optional)	<del>-</del>	-03.00			
TOTALS This Period (last page in this line only)	•				
10.1.25 This i show hast page in this line only)	7				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

### SCHEDULE C (FEC Form 3 ) LOANS

Use separate schedule(s) for each category of the

PAGE 61 / 75 FOR LINE NUMBER:

	l
13a	
13b	l

LOANS	Detailed Summary Page	(check only one) X 13a
NAME OF COMMITTEE (In Full)		1 1 100
Bill Shuster for Congress	T	acation ID: CO10 I N7
LOAN SOURCE Full Name (Last, First, Middle Initial)	ıranı	saction ID: SC10-LN7 Election:
First National Bank		Primary X General
Mailing Address 101 Lincoln Way West		Other (specify)
City Mc Connellsburg State PA ZIP Co	ode 17233	
Original Amount of Loan Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
5577.50	6007.11	-429.61
TERMS  Date Incurred  Date Due	Interest F	Rate Secured:
0 6 1 4 2 0 0 2 20040614		8.9970 <sub>% (apr)</sub> X Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0 0 0
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u> </u>	-429.61
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sch	edule D. carry forward to ann	ropraite line of Summary

## SCHEDULE C (FEC Form 3 ) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 62 / 75
FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page	(check only one) X 13a 13b
NAME OF COMMITTEE (In Full)		1135
Bill Shuster for Congress	_	
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Paul R Statler		X Primary General
Mailing Address 2201 Catharine Street		Other (specify)
City Huntingdon State PA ZIP Co	ode 16652	
Original Amount of Loan Cumulative Payment To	o Date Balanc	ce Outstanding at Close of This Period
1000.00	1002.38	-2.38
TERMS  Date Incurred  Date Due	Interest R	tate Secured:
M M D D D 20041231		5.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0 0
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		-2.38
SUBTOTALS This Period This Page (optional)		-2.50
TOTALS This Period (last page in this line only)	······································	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appr	opraite line of Summary.

## SCHEDULE C (FEC Form 3 ) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 63 / 75
FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page	(check only one) X 13a
NAME OF COMMITTEE (In Full)	L	100
Bill Shuster for Congress	Transa	ction ID: SC10-LN9
LOAN SOURCE Full Name (Last, First, Middle Initial) Kelly H Shuster  Mailing Address 320 N 30th Street	E	Election:  X Primary General Other (specify)
City Camp Hill State PA ZIP Cod	le 17011	
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period
2000.00	2070.13	-70.13
TERMS  Date Incurred  Date Due  0 4 1 9 2 0 0 4 20041231	Interest Rat	te Secured: .0000 % (apr) Yes X No
2004		(apr) res X No
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u> </u>	-70.13
TOTALS This Period (last page in this line only)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to approp	oraite line of Summary.

# SCHEDULE C (FEC Form 3 )

SCHEDULE C (FEC Form 3 )		Harana and a sala adala (a)		PAGE 64/75		
LOANS			Use separate for each cated Detailed Sum	gory of the	FOR LINE NUMBER: (check only one) X 13a	
NAME OF COMMITTEE (In Full)						_
Bill Shuster for Congress				<b>T</b>	ter ID CC10 I N10	
LOAN SOURCE Full Name (La	st. First. Midd	le Initial)			tion ID: SC10-LN10 ection:	_
Margaret A Statler	,,	,		X		
Mailing Address 2201 Catharin	ne Street				Other (specify)	
City Huntingdon		State PA ZIP Cod	de 16652			_
Original Amount of Loan		Cumulative Payment To	Date	Balance C	Outstanding at Close of This Period	1
	2000.00		2069.86		-69.86	
TERMS  Date Incurred		Date Due		Interest Rate	Secured:	
0 4 D D Y Y Y 2 0 0 4		0041231		5.0	000 <sub>% (apr)</sub> Yes X N	0
List All Endorsers or Guarantors (	if any) to I oan	Source				_
Full Name (Last, First, Middle	• • • • • • • • • • • • • • • • • • • •		Name of Employ	/er		
Mailing Address			Occupation			
			Amount			_
City	State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle	Initial)		Name of Employ	/er		_
Mailing Address			Occupation			
			Amount			_
City	State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle	Initial)		Name of Employ	/er		_
Mailing Address			Occupation			
			Amount			_
City	State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle	Initial)		Name of Employ	/er		
Mailing Address			Occupation			_
			Amount			_
City	State	ZIP Code	Guaranteed Outstanding:			
'			<u> </u>			_
SUBTOTALS This Period This Pag	e (optional)		<b>)</b>		-69.86	
TOTALS This Period (last page in the	nis line only)					

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

## SCHEDULE C (FEC Form 3 ) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 65 / 75
FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page (check only one) X 13a
NAME OF COMMITTEE (In Full)	1,00
Bill Shuster for Congress	Transaction ID: SC10-LN11
LOAN SOURCE Full Name (Last, First, Middle Initial) Deborah S King  Mailing Address 530 Garber Street	Election:  X Primary  General  Other (specify)
City Hollidaysburg State PA ZIP	Code 16648
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
2000.00	2069.86 -69.86
Date Incurred Date Due	Interest Rate Secured:
0 4 D D D 2 0 0 4 Y Y Y Y Y 2 0 0 4 20041231	5.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	-69.86
TOTALS This Period (last page in this line only)	<b>&gt;</b>
Carry outstanding halance only to LINE 3. Schedule D. for this line. If no S	chedule D. carry forward to appropriate line of Summary

# SCHEDULE C (FEC Form 3 ) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 66 / 75
FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page	(check only one) X 13a
NAME OF COMMITTEE (In Full) Bill Shuster for Congress	_	:: ID 0040 INI40
LOAN SOURCE Full Name (Last, First, Middle Initial) Robert L Shuster		action ID: SC10-LN12 Election:  X Primary General
Mailing Address 320 N 30th Street		Other (specify)
City Camp Hill State PA ZIP Cod	e 17011	
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
2000.00	2069.86	-69.86
TERMS  Date Incurred  Date Due	Interest Ra	ate Secured:
0 4 D D D 2 0 0 4 Y Y Y Y Y 2 0 0 4 2 0 0 4 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5	i.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		-69.86
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appro	praite line of Summary.

### SCHEDULE C (FEC Form 3 ) LC

SCHEDULE C (FEC Form 3 )			11()	PAGE 67 / 75
LOANS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one) X 13a 13b
NAME OF COMMITTEE (In Full) Bill Shuster for Congress		•		
			Transact	ion ID: SC10-LN14
LOAN SOURCE Full Name (Last, First, Midd	dle Initial)			ction:
Virginia L Dixon			X	Primary General
Mailing Address 105 Aldrich Avenue				Other (specify) ▼
City Altoona	State PA ZIP Cod	e 16602		
Original Amount of Loan	Cumulative Payment To	Date	Balance C	outstanding at Close of This Period
2000.00		2069.86		-69.86
TERMS  Date Incurred	Date Due	Int	erest Rate	Secured:
M M D D Y Y Y Y	20041231			000 <sub>% (apr)</sub> Yes X No
20 2004	.0041201		0.0	(apr) res X No
List All Endorsers or Guarantors (if any) to Loar	n Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional) .		<b>&gt;</b>		-69.86
TOTALS This Period (last name in this line only)				

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

### SCHEDULE C (FEC Form 3 ) **LOANS**

Use separate schedule(s) for each category of the

PAGE 68 / 75 FOR LINE NUMBER:

\	13a
	13b

	Detailed Summary Page	(Crieck only one)
NAME OF COMMITTEE (In Full)		1.00
Bill Shuster for Congress		
	Tran	saction ID: SC10-LN15
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:  X Primary
S&T Bank		General
Mailing Address Commercial Lending		Other (specify)
208 West Plank Road		
City Altoona State PA ZIP Code	16602	
Original Amount of Loan Cumulative Payment To D	ate Balan	ce Outstanding at Close of This Period
200000.00	206719.30	-6719.30
TERMS		
Date Incurred Date Due	Interest I	Rate Secured:
1 2 D 2 3 D 2 0 0 4 P 2 20050930		6.2500 % (apr) X Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
	Name of Employer	
Mailing Address	Occupation	
_		
City State ZIP Code	Amount Guaranteed	
Oily Claic Zii Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
· ·		
SUBTOTALS This Period This Page (optional)		-6719.30
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sched	ulo D. carry forward to ann	ropraito line of Summery

### SCHEDULE C (FEC Form 3 ) LC

SCHEDULE C (FEC Form 3 )				PAGE 69 / 75	
LOANS		Use separate schedule for each category of the Detailed Summary Pag		FOR LINE NU (check only or	
NAME OF COMMITTEE (In Full) Bill Shuster for Congress			Transact	ion ID: SC10-L	N16
LOAN SOURCE Full Name (Last, First, Midd S&T Bank	dle Initial)			ction: SC 10-L Ction: Primary General	
Mailing Address Commercial Lending 208 West Plank Road				Other (specify)	▼
City Altoona	State PA ZIP Cod	e 16602			
Original Amount of Loan	Cumulative Payment To	Date	Balance C	outstanding at Clo	ose of This Period
40000.00		40160.56		0 0 0	-160.56
TERMS Date Incurred	Date Due		Interest Rate	_	Secured:
0 6 D D 2 8 2 0 0 5 2	20050930		6.25	500 % (apr)	X Yes No
List All Endorsers or Guarantors (if any) to Loar	n Source				
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	0 0 0		
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional) .					-160.56
TOTALS This Period (last page in this line only)		_			• • • • •
I DIALO I IIIO I EIIOU (Iast page III tilis IIIIe Offiy)		1			

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3 )

SCHEDULE C (FEC Form 3 )			PAGE 70 / 75
LOANS	Use separate for each cate Detailed Sum	ory of the	FOR LINE NUMBER: (check only one) X 13a 13b
NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Bill Gridster for Gorigicos		Transact	ion ID: SC10-LN17
LOAN SOURCE Full Name (Last, First, Middle Initial) S&T Bank			ction:
Mailing Address Commercial Lending 208 West Plank Road			Other (specify)
City Altoona State PA ZIP	Code 16602		
Original Amount of Loan Cumulative Paymen	t To Date	Balance C	outstanding at Close of This Period
200000.00	200559.72		-559.72
TERMS  Date Incurred  Date Due		Interest Rate	Secured:
0 9 3 0 2 0 0 5 20060131		7.2	500 <sub>% (apr)</sub> X Yes No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employ	er	
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employ	er	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employ	er	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employ	er	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:	1 1 1	
SUBTOTALS This Period This Page (optional)	<b>.</b>	•	-559.72
TOTALS This Period (last page in this line only)	_	•	-8291.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

### SCHEDULE D (FEC Form 3 )

(Use separate schedule(s)

PAGE 71 / 75 FOR LINE NUMBER:

	9
Х	10

DEBTS AND OBLIGATIONS		for each	(check only one)	9						
Excluding Loans		numbered line)		X 10						
NAME OF COMMITTEE (In Full)										
Bill Shuster for Congress										
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Don Pablos			Nature of Debt (Purpose): Invoice: Travel Expenses							
Mailing Address Plank Road										
City State Altoona PA	ZIP Code 16602									
Outstanding Balance Beginning This Period .00		Tra	insaction ID: SD10-IN	IV1730						
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of T	This Period						
.00	.00			.00						
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor Covington & Burling	Nature of E Invoice: I Administr	Nature of Debt (Purpose): Invoice: Invoice 60339388 Administrative								
Mailing Address 1201 Pennsylvania Avenue	NW									
City State Washington DC	ZIP Code 20004									
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10-IN	IV3289						
7500.00										
Amount Incurred This Period	Payment This Period	Outstand	ng Balance at Close of T	This Pariod						
			-							
.00	.00.	)		7500.00						
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	7500	.00						
2) TOTALS This Period (last page this line number of	only)	<b>&gt;</b>	7500	.00						
3) TOTALS OUTSTANDING LOANS from Schedu	le C (last page only)	. •								
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)	<b>&gt;</b>								

### PAGE 72 / 75 SCHEDULE D (FEC Form 3 ) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 9 numbered line) **Excluding Loans** 10 NAME OF COMMITTEE (In Full) Bill Shuster for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: 814 696-0225 608 26Y Administra Verizon Mailing Address PO Box 646 ZIP Code City State MD 21265 **Baltimore** Outstanding Balance Beginning This Period Transaction ID: SD9-INV4311 151.21 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period .00 151.21 .00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Annual dues Member ID 2390 Admi Blair Co Chamber Of Commerce Mailing Address 3900 Industrial Park Drive Suite 12 ZIP Code State City Altoona PA 16602 Outstanding Balance Beginning This Period Transaction ID: SD9-INV4319 271.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 271.00 .00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: 8335 20 042 0076-460 Administrat ATLANTIC broadband Mailing Address Box 371801 ZIP Code City State Pittsburgh PA 15250 Outstanding Balance Beginning This Period Transaction ID: SD9-INV4310 54.02 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period

			_	_	_	_	_	Ŧ	T	-		$\equiv$
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	L								0.00	)	
	_	Г	U		-		U					
2) TOTALS This Period (last page this line number only)			1	-	-		_					_
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	•						·					
	_		-		-		-		_			$\equiv$
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				_			_					

54.02

.00

.00

### PAGE 73 / 75 SCHEDULE D (FEC Form 3 ) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 9 numbered line) **Excluding Loans** 10 NAME OF COMMITTEE (In Full) Bill Shuster for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Invitations Solitication and Fu Canan Station Print Shoppe Mailing Address PO Box 632 City State ZIP Code PA Altoona 16603 Outstanding Balance Beginning This Period Transaction ID: SD9-INV4313 309.51 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 309.51 .00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: 238269324 Administrative/Salary Cingular Wireless Mailing Address PO Box 6416 7IP Code City State Carol Stream 60197 IL Outstanding Balance Beginning This Period Transaction ID: SD9-INV4318 228.72 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 228.72 .00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Renew Permit #334 North American Communications Inc. Administrativ Mailing Address PO Box 39 ZIP Code City State Duncansville PA 16635 Transaction ID: SD9-INV4315 Outstanding Balance Beginning This Period 160.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period .00 160.00 .00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## SCHEDULE D (FEC Form 3 )

(Use separate schedule(s)

PAGE 74 / 75 FOR LINE NUMBER:

DEBTS AND OBLIGATIONS			each	(check only one)	X 9					
Excluding Loans num			ered line)		10					
NAME OF COMMITTEE (In Full)										
Bill Shuster for Congress										
A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			ebt (Purpose):						
North American Communications Inc.		li li	nvoice: Ca nvoice 67	ampaign flyers 42-P						
Mailing Address PO Box 39										
City State Duncansville PA	ZIP Code 16635									
Outstanding Balance Beginning This Period	10000		Tran	nsaction ID: SD9-IN	 VV4316					
20911.96										
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close o	f This Period					
.00	20911.96	6			.00					
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Circuit City Stores Inc			Nature of Debt (Purpose): Invoice: New Campaign Computer Administr							
Mailing Address 141 Sierra Drive		'								
City State Altoona PA	ZIP Code 16601									
Outstanding Balance Beginning This Period			Trar	nsaction ID: SD9-IN	 VV4429					
.00										
Amount Incurred This Period	Payment This Period		Outstandin	ig Balance at Close o	f This Period					
2215.96	2385.96			9	170.00					
					1 1 1 1 1 1					
1) SUBTOTALS This Period This Page (optional)		<u>.                                    </u>		17	0.00					
2) TOTALS This Period (last page this line number of	nly)	<u>.                                    </u>		17	0.00					
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	. •								
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	) <b>&gt;</b>								

### Image# 27940104956

Form/Schedule: **F3A**Transaction ID:

The accompanying Report of Receipts and Disbursements from October 19 2006 through November 27 2006 for the Bi-Il Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca CP-A. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee. The amendment is due to expense refunds and a voided check.